

THE OHIO STATE UNIVERSITY
OFFICIAL PROCEEDINGS OF THE
ONE THOUSAND THREE HUNDRED AND FIFTY-SECOND MEETING
OF THE BOARD OF TRUSTEES

Columbus, Ohio, May 7, 1999

The Board of Trustees met at its regular monthly meeting on Friday, May 7, 1999, at The Ohio State University Fawcett Center for Tomorrow, Columbus, Ohio, pursuant to adjournment.

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Minutes of the last meeting were approved.

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May 7, 1999 meeting, Board of Trustees

The Chairman, Mr. Celeste, called the meeting of the Board of Trustees to order on May 7, 1999, at 11:00 a.m. He requested the Secretary to call the roll.

Present: Theodore S. Celeste, Chairman, Michael F. Colley, George A. Skestos, David L. Brennan, James F. Patterson, Zuheir Sofia, Tamala Longaberger, Daniel M. Slane, Robert M. Duncan, and Allyson Lowe. Fred L. Dailey, Director of the Ohio Department of Agriculture, was also in attendance.

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FAREWELL TO SORAYA ROFAGHA

Mr. Celeste:

There is someone who is not with us this morning. I would like to call on Tami Longaberger to explain why and also make some comments.

Ms. Longaberger:

Thank you very much. I wanted to take the opportunity to acknowledge Soraya Rofagha's service as a Student Trustee on this Board. You have seen her lovely face at every meeting, but, unfortunately, she was not able to be here this morning. The good news is she was linked to the Sphinx Honorary and they dragged her out of her house at 5:45 a.m. this morning in her pajamas.

However, I did want to acknowledge Soraya's remarkable job and service to this Board the last couple of years. She's provided a student perspective that has been very helpful to us, is very thoughtful in her comments, and is certainly wise beyond her years. The Board will present a plaque to her, but we certainly wanted to acknowledge her today. Thank you very much, Mr. Chairman.

Mr. Celeste:

Thank you very much, Tami. I know we all feel very strongly about Soraya's service on the Board and appreciate the fact that this is probably one of the few things that would keep her from being here.

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ELECTION OF OFFICERS BOARD OF TRUSTEES

Resolution No. 99-113

Dr. Napier read the Nominating Committee's report in which the following slate of officers were recommended:

WHEREAS pursuant to paragraph (B) of rule 3335-1-02 of the Administrative Code, the officers of the Board are to be elected at the May meeting to take office immediately following adjournment of the meeting (May 7, 1999) and shall hold their office through the May 2000 meeting:

NOW THEREFORE

**ELECTION OF OFFICERS
BOARD OF TRUSTEES (contd)**

BE IT RESOLVED, That the following slate of officers for 1999-2000 be elected:

Michael F. Colley, Chairman

George A. Skestos, Vice Chairman

William J. Napier, Secretary

James L. Nichols, Treasurer

Upon motion of Mr. Sofia, seconded by Ms. Longaberger, the Board of Trustees adopted the foregoing resolution by unanimous roll call vote, cast by Messrs. Celeste, Colley, Skestos, Brennan, Patterson, Sofia, and Slane, and Judge Duncan, and Ms. Longaberger.

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PRESIDENT'S REPORT

President William E. Kirwan:

April has been a busy month for the University. We have celebrated in some very special ways. We had a "Take a Daughter to Work" day, Siblings' Weekend, International Week, Disability Awareness Week, and the opening of Asian Awareness Month. With all of these celebrations have come cultural and social events, lectures, films, exhibits, and entertainment.

Spring is also a time of recognition. The freshman academic honor societies, Alpha Lambda Delta and Phi Eta Sigma, initiated 550 first-year students -- the largest number ever -- for achieving a 3.5 grade point average during their first two terms at Ohio State.

At the other end of the academic spectrum, the 1999 Outstanding Seniors were announced in April. They are 21 extraordinary students who have excelled in the classroom, in conducting research, in campus activities, and in community service. The soon-to-be alumni will make us very proud in the years to come.

Our students continue to distinguish themselves with national honors and awards. Jennifer Puckett of Hilliard was named one of only 98 Mellon Fellows in the United States. Her majors are French, Medieval and Renaissance Studies, Russian, and Chinese -- four majors. This one-year award provides a \$14,500 stipend, plus tuition and fees for graduate studies.

Our debate team took second in the prestigious Lincoln Douglas debate competition. Ohio State had two of the top four debaters: Mike Werneke and Nick Garcia who finished as national runner-up. Our men's gymnastic team finished second at the NCAA championships. They had five All-Americans on the team, a school record for a single season.

The synchronized swimming team finished second to Stanford at the U.S. Collegiate Championships, missing the title by only one-tenth of a point. Eight swimmers were named All-Americans. The women's golf team just won the Big Ten title, and is headed for NCAA competition under the direction of Big Ten Coach of the Year, Therese Hession.

PRESIDENT'S REPORT (contd)

President Kirwan: (contd)

Our Equestrian Club captured first place at the Intercollegiate Horse Show Association national championships. This is not a varsity sport, but a club team and seven of the club's 45 riders took part in the competition.

Our baseball team, now ranked in the Top Ten nationally, continues to excel. With a win this weekend, it will break the Ohio State record for most wins in a single season. We are very proud of all these accomplishments by our exceptional students.

The University joined with other central Ohio institutions for the first Student Job Information Fair, co-sponsored with the Greater Columbus Chamber of Commerce. Held at the Jerome Schottenstein Center, the fair is part of a University/private sector partnership aimed at encouraging talented graduates to seek employment in central Ohio after graduation. The job fair was extremely well received by employers and students, and we plan to make this an annual event.

Our faculty also continued to win impressive recognition. I was pleased to introduce a lecture by one of our faculty who has just been named a University Distinguished Lecturer. Professor Deborah Jones Merritt, who holds the John Deaver Drinko/Baker & Hostetler Chair in Law, has had a very distinguished career since clerking with Justice Ruth Bader Ginsburg and Justice Sandra Day O'Connor. She is widely published and often cited in the areas of federal-state relations, affirmative action and equality, and is well known for her interdisciplinary work using social science techniques to examine legal theories. It is our great good fortune to have Professor Merritt on our faculty. I know several of us were able to attend her lecture, Judge Duncan and Vice Chair Michael Colley in particular, and I think we all say it was one of the most impressive expositions we have ever heard. As I say, we are just so privileged to have her as a member of our faculty.

Assistant Professor of Chemistry, Anne McCoy, has received the 1999 Camille Dreyfuss Teacher-Scholar Award. It is presented to only 20 faculty members around the nation for their scientific accomplishments and their dedication to educating students at all levels. In addition to her grant, the Department of Chemistry receives \$5,000 for undergraduate education. Professor McCoy is also an NSF career awardee and a Bergstrom Fellow. She has emerged as one of the world's best young talents in the important field of spectroscopy.

Last month, I told you that three of our faculty had won the prestigious Guggenheim Fellowship. Today, I am pleased to report that we had a fourth winner. Physicist Tin-Lun "Jason" Ho received the Guggenheim for his work on quantum gases. He is a former Sloan Fellow winner and a leader in our condensed matter theory group.

Any self-respecting president, when he or she hears that the University has four Guggenheim Fellowships, quite naturally asks the question, "What other universities had four Guggenheim Fellowships?" I am pleased to tell you that the other universities with four Guggenheims are Columbia University, Princeton University, Yale University, the University of Pennsylvania, and the University of California at Berkeley. I say that those universities are in good company when they joined Ohio State with four Guggenheims.

The Department of History had two of those Guggenheim winners and this is just such an exceptional achievement. The very able chair of that department, Michael

PRESIDENT'S REPORT (contd)

President Kirwan: (contd)

Hogan, is recommended to you today as the Interim Dean of Humanities. His leadership in the history department will serve the college and University well.

Finally, on today's agenda, is the appointment of the President of the Newark campus, Dr. Anne Cairns Federlein. She comes to us from SUNY Oneonta with exceptional credentials and academic leadership, community outreach, and scholarship in her field of early childhood education. Although she has Michigan roots, and a University of Michigan degree, I know she will quickly become a true Buckeye. I had the pleasure of meeting Anne in New York City, we had a wonderful conversation, and I know she's going to do great things for us with the Newark campus. I would like for her to stand and be recognized.

Mr. Chairman, that concludes my report

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PRESENTATION ON THE SCIENCE AND TECHNOLOGY CAMPUS

Mr. Celeste:

At this time, I'd like to call on Ora Smith, President of the Science and Technology Campus, for a presentation on the campus.

Dr. Ora Smith: [slide presentation]

I am nearing the end of my eighth month here, and I am very pleased to be able to give you a report on the status of the Science and Technology Campus Corporation at The Ohio State University. These are some of the issues I am going to cover today: our mission, the status of our construction activities, the status of our tenants, financial highlights, tenant data, how we're stacking up against the performance measures that were set out in the development agreement, and future issues that we plan to deal with.

The mission of STC, the Science and Technology Campus, is to promote on-campus research activities between businesses at the University and to provide facilities in which to house them. There are two elements to that mission that are very important. The most important one is connectivity with the University. That's why we're doing this. We're not doing this just to build buildings. We're doing it to bring research-intensive businesses into collaboration with the University. The second leg of this is affordability. We have to do this on an economically sound basis. Otherwise, we won't attract businesses.

This map shows the development properties that have been handed over to the stewardship of STC. Just to orient everyone -- we have Lane Avenue up across the top, Kinnear Road here, Kenny Road running north and south, and North Star Road over on this side -- this is the West Campus area. The shaded areas are STC properties, which includes: 53 acres -- about 35 acres which are vacant -- and three existing buildings -- one at 1929 Kenny Road, one at 1224 Kinnear Road, and one at 1275 Kinnear Road.

We have had a busy period of construction activity the past several months. The first project I'd like to talk about briefly is what we call the Technology Innovation Center renovation. This is old warehouse space in what's known as the Simmons Mattress factory at 1275 Kinnear Road. This building currently houses the Business Technology Center, which is a small technology business incubator. It also houses

PRESENTATION ON THE SCIENCE AND TECHNOLOGY CAMPUS (contd)

Dr. Smith: (contd)

the University warehousing operations. About 13,000 square feet on the end of it was vacant and pretty rundown and we have rehabbed that to make it suitable for occupancy by several companies. The basic construction of the shell -- which includes renovation of the exterior and the interior -- was done at a cost of \$574,000. We had \$14,000 in change orders on that, because there were hidden defects we discovered as we went along.

We are in negotiations and buildout discussions with two small company tenants for that space. Both of these companies are currently tenants in the complex and they need expansion room. We're estimating that it will cost us about \$250,000 for the landlord-financed share of the improvements.

We also have underway a construction project in the early planning stages now, which is the expansion of the BTC incubator. The incubator currently composes about 25,000 square feet and we're going to add about 29,000 square feet to that. We think it will be completed around the beginning of the second quarter of next year. The estimated cost for that is in the \$2 to \$4 million range, depending on the degree of interior fit and finish that's completed as part of this project. This will not involve any University funds. We received an allocation from the state capital budget to take care of this, plus there is private fundraising activity going on by BTC to raise additional money for that.

Now in the meantime, we have a problem with the incubator because we have far more companies wanting in there than we have space for. We have a long waiting list. In fact, I shoehorned a small software company into my office suite. We're sitting on top of each other. But I am very happy to report that we have been able to work out an arrangement through the Treasurer's Office at the University for the incubator to lease space in the Sensotech Building, which is a building that was donated to the College of Engineering. We're going to use that to temporarily house BTC overflow companies until the expansion is complete. The worst thing that would happen would be for these small companies to go somewhere else. We don't want that to happen.

Continuing on the projects, the Science Village Phase I is our first totally new building. This is an approximately 40,000 square foot building that will be located on a parcel near the corner of Kinnear and North Star Road. We've got construction drawings about half done now, with bids going out in early June. We expect to begin construction around the beginning of September and expect to have it occupied by about the middle of the year 2000. This is exactly the schedule that was proposed in the development plan.

I have a computer-generated image of the building as it will look on the site, looking west toward North Star and continuing along Kinnear Road. It looks so realistic I thought I could announce that we had completed the job now, because here's the photographic evidence. But this will give you an idea of what the building is going to look like when it is fully completed. The first phase of this is only 40,000 square feet, but the complete building will be 150,000 square feet.

Phase II of that is about a 10,000 square foot module that will add on to the initial 40,000 square feet. We expect to have that done by about the beginning of the year 2001. It will be a \$1 to \$1.5 million building, and we have an early potential tenant identified for that space.

This is our current tenant lineup in the Science and Technology Campus and we have business units and University units. These are the business units: the Silliker

PRESENTATION ON THE SCIENCE AND TECHNOLOGY CAMPUS (contd)

Dr. Smith: (contd)

Group and Morton International. Silliker has about 30 employees and Morton has about six employees and they have ties with the University. In addition, we have tenants of the Business Technology Center and there is a long list of companies there.

We also have a number of University units in STC. The Office of Research functions are a number of K-12 curriculum development and educational activities, a cluster of non-profits that are at 1929 Kenny Road -- the Ohio Supercomputer Center, the Advanced Computing Center for Arts and Design, and University Stores. Except for University Stores, we think that all of these units have business connectivity and spin-off potential, and we're working with the managements of all of them to try to bring something out of that.

In the case of the renovation at 1275 Kinnear Road, and some accompanying work in 1224 Kinnear Road, we're planning for that space to be used for expansion of existing tenants and graduates of the incubator. We have to find a place for these folks to go, otherwise we are going to lose them, and that's what this space is designed for.

We have a potential tenant identified for the first 40,000 square feet of the Science Village Phase I and it's a joint University-industry center. Getting this done is contingent on federal funding arriving, and we'll know that late this summer for the Science Village Phase II we have a leading potential tenant for that identified, which is a biotech start-up from out-of-state and it's working with a faculty member here. Again, this is early, the deal isn't done, it's never over until the check clears, but that's our lead horse at the moment.

We have a number of other discussions going on with other possible tenants: two major companies that are discussing arrangements with the College of Engineering, a local software company, possible industrial partners in the computer animation area from the College of Arts, and some other University spin-offs. This University is very entrepreneurial, it surprised me. The level of entrepreneurial activity here is really picking up.

On the financing front, the corporation's operations are financed jointly by the University, the City of Columbus, and the State of Ohio. We have these arrangements all in place: we're receiving \$300,000 a year from the University and \$100,000 a year each from the City of Columbus through the Development office and through the State of Ohio through the Ohio Department of Development.

On the capital side, we have \$7 million in construction financing available from the University. The projects that we have on the plate right now pretty well account for this by the time they're done. We also have \$4 million available in this biennium from the state through a capital authorization: \$2 million of that is dedicated to flow through to the BTC incubator expansion; and \$2 million will be used in conjunction with the other STC construction projects to augment the University money.

Lastly, we are also in discussion with a number of banks and bonding entities about the possibility of raising private capital for the Science and Technology Campus Corporation for construction activities. This is an obligation that we have under the development agreement and it is also a good idea. If we are successful at making these arrangements, that will allow us to very powerfully leverage the money that has been made available from the University and the various governmental entities.

PRESENTATION ON THE SCIENCE AND TECHNOLOGY CAMPUS (contd)

Dr. Smith: (contd)

We just completed our first-ever tenant survey. Ideally, we would have done this on day 1 so we had baseline data, but this data came in about the end of February.

This chart is a little bit tricky. There's a lot of information on here. In each entry you'll see a plain number and a bold number. The plain number refers to the response that we got from the entire University tenants that we have. The bold number takes out the non-profits and the University-related tenants and shows us what specifically is happening just with the business units. We have 26 total tenants, with 20 of them being businesses and a total head count of 238 employees, with 165 being business employees. This number is probably understated due to some of the error bar in the survey. We asked questions in such a way that we believe this number may be slightly understated.

OSU student employment: we currently have 74 students working in the complex. Thirty of these are employed by business. Total payroll is \$10 million, \$5.7 million of which is industrial payroll. Annual sales of the companies in the campus right now are about \$5 million; they have a market value of nearly \$39 million. Again, self-reported.

There were 169 business cooperative research projects reported. This number seems quite high to me. The survey was anonymously done, one tenant reported 120 cooperative projects, so we're going back and taking a look at this to make sure it's not the result of a survey error.

On the use of facilities and equipment, \$612,000 a year is being spent at the University by the business tenants. They were reporting \$1.1 million in sponsored research. Again, we probably need to go back and look again at the definition of this to see if it coincides with OSURF's definition of sponsored research. Licensing revenue, unfortunately, is zero. We have a way to go there. And \$77,000 was spent on seven faculty consultants by the businesses.

Tenant satisfaction level is high. You can see the numbers are high -- seven industrial people were completely satisfied and one industrial tenant was mostly dissatisfied. Even though the survey was anonymous, we're trying to find out who that is and correct the issue.

We have a high level of alumni employment. Among the businesses, 48 graduates are employed and 12 people are employed who attended Ohio State, but did not graduate. Again, the total complex number is 69 and 16.

These next two slide items are very remarkable. Nineteen of these organizations and 17 of the business organizations plan to expand within the next year. Ten of the business organizations plan to move. We want to make sure they move within the campus. We don't want these companies leaving the area and we especially don't want them to leave the state. That's a very important piece of information. It shows that there is a market demand for what we're doing.

I went through the development agreement and pulled out the specific performance measures and mapped how we compare. One of our goals is by the third year after the Science Village occupancy, we should have \$1 million in research money for OSURF. The business tenants are currently reporting \$1.1 million. Again, we need to make sure this is a correct number. But it looks like we have a lot more potential in funded research at the University than perhaps we originally thought. Licensing royalty -- we have a target of \$250,000 a year by the third year after occupancy of

PRESENTATION ON THE SCIENCE AND TECHNOLOGY CAMPUS (contd)

Dr. Smith: (contd)

the Science Village and we are currently at zero. So we have a long way to go on licensing.

We had a goal with respect to student employment of having 30 percent of the tenant employees being student employees either full- or part-time. I think in most cases it would be part-time. We are currently reporting 31 percent total and 18 percent by the business tenants. Probably these percentages are overstated because we think the total employment numbers are low because of the survey methodology. Again, we are reporting a large number of cooperative research activities. This number is so surprisingly high to me, it may in fact be real; we need to dig into it. But certainly there is a substantial level of activity among these companies.

What's happening in the future? We are going to be doing a comprehensive development plan for the entire site, including all of the vacant land, to figure out a time schedule for it. How much it is going to cost to do it, and what kind of space the current market conditions make us think we need to build? We want to look at additional renovated space. New construction is intrinsically more expensive than renovating construction. We have some old building space that we'd like to take a look at renovating and turning into moderately-priced business space in the campus complex. We also want to look at providing campus amenities. By that, I mean such things as conference centers, computer networking capabilities, things that tenants will find useful and that will be attractions to come into the complex.

We're also engaging in some capital access activities. I'm happy to know that the Board of Trustees has formed a Committee on Capital Formation for Emerging Businesses to help us address issues of raising investment capital for companies in the area and also raising construction capital for our future building projects going forward.

That concludes my report. I'd be very happy to take questions.

Mr. Celeste:

Does anyone have any questions for Ora? If not, Ora, thank you very much, we really appreciate it. Everyone is aware of the dedication at 12:15 p.m. today, following the Board meeting.

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CONSENT AGENDA

President Kirwan:

We have 14 resolutions on the consent agenda to present to the Board for approval today. I would like to ask that items #11 and #12 be held for a separate vote. Unless there are any objections, I would like to recommend these remaining 12 resolutions on the consent agenda:

**APPOINTMENT OF AN AD HOC COMMITTEE
ON CAPITAL FORMATION FOR EMERGING BUSINESSES**

Resolution No. 99-114

WHEREAS the Board of Trustees hereby appoints an ad hoc committee of the Board, to be known as the Committee on Capital Formation for Emerging Businesses, to advise the Science and Technology Campus Board of Directors and officials of The Ohio State University with regard to policies involving the formation of capital for emerging businesses in Ohio; and

WHEREAS this ad hoc committee would also provide recommendations and advice on strategies and initiatives for financing ongoing construction projects:

NOW THEREFORE

BE IT RESOLVED, That the following members of the Board of Trustees be appointed as members of an ad hoc Committee on Capital Formation for Emerging Businesses, effective immediately:

George A. Skestos
Zuheir Sofia
Daniel M. Slane

THE OHIO STATE UNIVERSITY - MARION BOARD REAPPOINTMENTS

Resolution No. 99-115

Synopsis: Approval of nominees to The Ohio State University-Marion Board is proposed.

WHEREAS the Board of Trustees on April 8, 1994, approved the establishment of The Ohio State University-Marion Board; and

WHEREAS it has been previously stipulated that "the board shall be composed of eleven members appointed by The Ohio State University Board of Trustees in consultation with the president of the university" (one member of the board shall be a member of the university board of trustees; nine members shall be private citizens; and one member shall be a student); and

WHEREAS the following named persons have been nominated and selected for reappointment to the Marion Regional Campus Board for the term as specified:

Marion Board Reappointments

David F. Bacon, 3-year term
Ronald E. Laipply, 3-year term
Elaine Merchant, 3-year term

NOW THEREFORE

BE IT RESOLVED, That the foregoing nominees be reappointed as members of The Ohio State University-Marion Board, effective July 1, 1999.

RENAMING OF PARK HOSPITAL

Resolution No. 99-116

Synopsis: Approval of renaming the Park Medical Center to The Ohio State University Hospitals East is proposed.

WHEREAS The Ohio State University has acquired Park Medical Center, which acquisition was effective on April 8, 1999; and

WHEREAS this resolution was endorsed by the Executive Committee of the Hospitals Board on March 18, 1999, and The Ohio State University Hospitals Board on April 7, 1999:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby approves the renaming of Park Medical Center to The Ohio State University Hospitals East effective April 8, 1999.

**ESTABLISHMENT OF BYLAWS OF THE MEDICAL STAFF OF
THE OHIO STATE UNIVERSITY HOSPITALS EAST**

Resolution No. 99-117

Synopsis: Adoption of Bylaws of the Medical Staff of The Ohio State University Hospitals East is proposed.

WHEREAS this Board established The Ohio State University Hospitals on September 13, 1963; and

WHEREAS a University Hospitals Board was created on November 30, 1979 by this Board by amendment of rule 3335-1-03 of the Administrative Code; and

WHEREAS Chapter 3335-101-05 of The Ohio State University Hospitals Board Bylaws provides that the Board of The Ohio State University Hospitals shall cause to be created a medical staff which shall perform the functions provided for in Chapter 3335-101-03 of The Ohio State University Hospitals Board; and

WHEREAS The Ohio State University has acquired Park Medical Center (to be known as The Ohio State University Hospitals East, "OSUH East"), which acquisition was effective on April 8, 1999; and

WHEREAS the medical staff of The Ohio State University Hospitals East shall also be delegated certain duties and responsibilities relating to quality of patient services at The Ohio State University Hospitals East, pursuant to Chapter 3335-101-03 of the Bylaws of The Ohio State University Hospitals Board;

WHEREAS The Ohio State University Hospitals Board, acting as the governing body of The Ohio State University Hospitals East, desires to approve and authorize the actions necessary for the formation, organization and operation of a medical staff for The Ohio State University Hospitals East:

NOW THEREFORE

BE IT RESOLVED, That The Ohio State University Hospitals Board, acting as the governing body of Park Medical Center, hereby grants temporary medical staff privileges to all of Park Medical Center's medical staff members existing as of April 8, 1999, the date of the acquisition; and

**ESTABLISHMENT OF BYLAWS OF THE MEDICAL STAFF OF
THE OHIO STATE UNIVERSITY HOSPITALS EAST (contd)**

BE IT FURTHER RESOLVED, That in order to review medical staff membership and clinical privileges, all applications for medical staff privileges must be submitted to the Medical Director of The Ohio State University Hospitals East no later than 90 days after April 8, 1999. The temporary privileges granted pursuant to the foregoing resolutions of any medical staff appointee who does not submit an application by that date will automatically expire and will not be entitled to any of the procedural rights contained in the medical staff bylaws of either The Ohio State University Hospitals or The Ohio State University Hospitals East; and

BE IT FURTHER RESOLVED, That the Board of The Ohio State University Hospitals, acting as the governing body of The Ohio State University Hospitals East, hereby approves and authorizes the organization and functioning of an interim executive committee of the proposed medical staff to assist in the formation and organization of The Ohio State University Hospitals East medical staff, which interim executive committee shall have the following members:

- Chief of Clinical Services for Musculoskeletal Diseases at The Ohio State University Hospitals East
- Chief of Clinical Services for Family Medicine at The Ohio State University Hospitals East
- Chief of Clinical Services for Emergency Medicine at The Ohio State University Hospitals East
- Chief of Clinical Services for Surgery at The Ohio State University Hospitals East
- Chief of Clinical Services for Internal Medicine at The Ohio State University Hospitals East
- Medical Director of Talbot Hall at The Ohio State University Hospitals East
- A physician representing Ancillary Services (Radiology, Pathology, Anesthesia) of The Ohio State University Hospitals East
- President of the Medical Staff of The Ohio State University Hospitals East
- Vice President-Elect of the Medical Staff of The Ohio State University Hospitals East
- Medical Director of The Ohio State University Hospitals East
- Dean of the College of Medicine and Public Health of The Ohio State University or the Dean's designee
- Medical Director of The Ohio State University Hospitals
- Executive Director of The Ohio State University Hospitals
- A community physician practicing at The Ohio State University Hospitals East

BE IT FURTHER RESOLVED, That the interim executive committee shall have the following duties and responsibilities:

1. The committee shall, with the advice of the Medical Director of The Ohio State University Hospitals East, develop a form of application for membership on the medical staff of The Ohio State University Hospitals East and shall provide application forms to interested physicians in the central Ohio area.
2. Receive completed application forms from interested physicians, obtain references and other information with respect to physicians who apply for membership on the medical staff of The Ohio State University Hospitals East.
3. Review and consider such applications and the information relating thereto.
4. Make written recommendations to The Ohio State University Hospitals East Board concerning the physicians who should be recommended for appointment to the medical staff of The Ohio State University Hospitals East and the clinical privileges to be delineated for each such physician, which appointments and privileges shall be subject to the approval of The Ohio State University Hospitals East Board.

**ESTABLISHMENT OF BYLAWS OF THE MEDICAL STAFF OF
THE OHIO STATE UNIVERSITY HOSPITALS EAST (contd)**

5. After consultation with the Medical Director of The Ohio State University Hospitals East, review, comment on and approve proposed bylaws, rules and regulations for the medical staff of The Ohio State University Hospitals East, subject to the final approval of the Board of The Ohio State University Hospitals and the Board of Trustees of The Ohio State University.

BE IT FURTHER RESOLVED, That throughout the development and implementation of the medical staff and medical staff bylaws of The Ohio State University Hospitals East, The Ohio State University Hospitals Board and the interim executive committee shall perpetuate utilization management, quality management, and credentialing standards and procedures that are consistent with those currently in place at The Ohio State University Hospitals; and

BE IT FURTHER RESOLVED, That the Bylaws of the Medical Staff of The Ohio State University Hospitals East be adopted effective this date as the administrative rules governing the practice of medicine at The Ohio State University Hospitals East; and

BE IT FURTHER RESOLVED, That the bylaws be forwarded to the appropriate state agencies for inclusion as a part of the Administrative Code.

Bylaws of the Medical Staff of The Ohio State University Hospitals East

CHAPTER 3335-45

3335-45-01 NAME.

THE NAME OF THIS ORGANIZATION OF PRACTITIONERS IS THE "MEDICAL STAFF OF THE OHIO STATE UNIVERSITY HOSPITALS EAST."

3335-45-02 PURPOSE.

THE PURPOSE OF THE MEDICAL STAFF OF THE OHIO STATE UNIVERSITY HOSPITALS EAST SHALL BE:

- (A) TO STRIVE TO MAINTAIN PROFESSIONAL STANDARDS OF PATIENT CARE FOR ALL PATIENTS ADMITTED TO THE HOSPITAL, CONSISTENT WITH AN ACTIVE TEACHING ENVIRONMENT, REALIZING THAT THE CARE AND TREATMENT OF THE INDIVIDUAL PATIENT IS THE MEDICAL RESPONSIBILITY OF THE MEMBER OF THE MEDICAL STAFF TO WHOSE CARE THE PATIENT IS ADMITTED OR TRANSFERRED.
- (B) TO SUPPORT EDUCATIONAL AND RESEARCH PROGRAMS; ELEVATE AND ADVANCE THE EDUCATIONAL STANDARDS, INCLUDING, BUT NOT LIMITED TO, PRE- AND POST-M.D. STUDENTS, NURSE STUDENTS, GRADUATE NURSE STUDENTS, STUDENTS OF THE ALLIED MEDICAL PROFESSIONS, AND STUDENTS OF OTHER HEALTH PROFESSIONAL COLLEGES; AND PROVIDE RESEARCH PROGRAMS TO ENHANCE AND ADVANCE THE EDUCATIONAL AND PATIENT-CARE PROGRAMS.
- (C) TO PROVIDE A MEANS WHEREBY MEDICAL PROBLEMS MAY BE REVIEWED; POLICIES AND PROCEDURES DISCUSSED; AND TO PROVIDE A MEANS FOR ESTABLISHING AND MAINTAINING STANDARDS OF PROFESSIONAL, MEDICAL AND EDUCATIONAL PERFORMANCE, ORGANIZATION, AND DISCIPLINE WITHIN THE MEDICAL STAFF AND HARMONIOUS COOPERATION AND UNDERSTANDING AMONG THE UNITS COMPRISING THE HOSPITAL.
- (D) TO PROVIDE SERVICE, EDUCATION AND RESEARCH PROGRAMS TO BENEFIT THE MENTAL, PHYSICAL, AND ENVIRONMENTAL HEALTH OF THE CITIZENS OF THE STATE OF OHIO; DEDICATE ITSELF TO BE RESPONSIVE TO THE NEEDS OF ITS

PATIENTS AND TO COMMUNICATE EFFECTIVELY CONCERNING MATTERS OF PATIENT CARE; AND ENCOURAGE DISSEMINATION OF MEDICAL KNOWLEDGE TO HEALTH PROFESSIONALS AND THE PUBLIC, AND CONDUCT RESEARCH FOR THE PREVENTION AND TREATMENT OF DISEASE.

- (E) THERE SHALL BE ONLY ONE CATEGORY OR CLASSIFICATION OF PATIENTS IN THE HOSPITALS, AND THOSE PATIENTS ARE THE PRIVATE PATIENTS OF THE PRACTITIONER UNDER WHOSE CARE AND MEDICAL RESPONSIBILITY THEY ARE ADMITTED. PATIENTS ADMITTED TO THE HOSPITAL WHO, AT THE TIME OF ADMISSION, HAVE NOT REQUESTED OR SELECTED A MEMBER OF THE MEDICAL STAFF TO ATTEND THEM SHALL BE ASSIGNED FOR THEIR CARE AND TREATMENT BY THE CHIEF OF THE APPROPRIATE CLINICAL DIVISION OR DEPARTMENT OR THEIR DESIGNEES TO A MEMBER OF THE ACTIVE MEDICAL STAFF. ALL PATIENTS ADMITTED TO THE HOSPITAL SHOULD COOPERATE AND BE AN INTEGRAL PART OF THE TEACHING PROGRAM OF THE COLLEGE OF MEDICINE AND PUBLIC HEALTH. SHOULD A PATIENT, OR ON THE BEHALF OF A PATIENT, THE PATIENT'S NEXT OF KIN, OR GUARDIAN, REFUSE TO PARTICIPATE OR COOPERATE IN THE TEACHING PROGRAMS OF THE HOSPITAL OR THE COLLEGE OF MEDICINE AND PUBLIC HEALTH, THE MEDICAL STAFF RESPONSIBLE FOR THE CARE AND TREATMENT OF THE PATIENT WILL ENCOURAGE PARTICIPATION IN THE TEACHING PROGRAMS. STUDENTS, INCLUDING PRE- AND POST-M.D., BUT NOT LIMITED THERETO, ARE UNDER THE DIRECTION AND CONTROL OF THE MEMBERS OF THE MEDICAL STAFF TO WHOM THE PATIENT IS ASSIGNED UPON ADMISSION TO OR TRANSFER WITHIN THE HOSPITALS' SERVICES.

3335-45-03

MEMBERSHIP.

- (A) NATURE OF MEDICAL STAFF MEMBERSHIP.

- (1) MEMBERSHIP ON THE MEDICAL STAFF IS EXTENDED ONLY TO PROFESSIONALLY COMPETENT PRACTITIONERS WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS REQUIRED BY OHIO LAW, THE OHIO STATE MEDICAL BOARD, THE OHIO STATE DENTAL BOARD, THE OHIO STATE PSYCHOLOGICAL BOARD, THE MEDICAL STAFF BYLAWS OF THE OHIO STATE UNIVERSITY HOSPITALS EAST, THE BYLAWS AND POLICIES OF THE OHIO STATE UNIVERSITY HOSPITALS AND THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY.
- (2) MEMBERSHIP ON THE MEDICAL STAFF MAY BE REVOKED AT ANY TIME BY THE BOARD AS PROVIDED FOR BY THE MECHANISMS SET FORTH IN THESE RULES AND THE GOVERNING DOCUMENTS.

- (B) QUALIFICATIONS FOR MEMBERSHIP.

- (1) ONLY PRACTITIONERS LICENSED TO PRACTICE IN THE STATE OF OHIO WHO CAN DOCUMENT THE FOLLOWING SHALL BE QUALIFIED FOR MEDICAL STAFF MEMBERSHIP:
- (a) EDUCATION AND TRAINING, PROFESSIONAL BACKGROUND AND EXPERIENCE, AND PROFESSIONAL COMPETENCE;
- (b) ADHERENCE TO THE ETHICS OF THE PRACTITIONER'S PROFESSION AS DEFINED BY APPROPRIATE PROFESSIONAL SOCIETIES;
- (c) GOOD PERSONAL AND PROFESSIONAL REPUTATION AS ESTABLISHED BY APPROPRIATE REFERENCES;
- (d) SATISFACTORY HEALTH STATUS; AND

(e) PROFESSIONAL MALPRACTICE INSURANCE COVERAGE.

ADEQUATE DOCUMENTATION MUST BE PRESENTED TO ASSURE THE MEDICAL STAFF AND THE BOARD THAT ANY PATIENT TREATED BY THE PRACTITIONER IN THE HOSPITAL WILL BE GIVEN MEDICAL CARE ACCORDING TO PROFESSIONAL STANDARDS, AND THAT THE EFFICIENT OPERATION OF THE HOSPITAL WILL NOT BE INTERFERED WITH OR COMPROMISED BY THE PRACTITIONER'S CARE OF PATIENTS WITHIN THE HOSPITAL.

- (2) NO PRACTITIONER WILL BE DENIED MEDICAL STAFF MEMBERSHIP OR CLINICAL PRIVILEGES ON THE BASIS OF RACE, COLOR, RELIGION, SEX NATIONAL ORIGIN, OR, UNLESS DEMONSTRABLE GROUND EXIST, ON THE BASIS OF AGE OR HANDICAP.

(C) CONDITIONS OF ACCEPTANCE.

BY ACCEPTING MEMBERSHIP ON THE MEDICAL STAFF A PRACTITIONER AGREES TO THE FOLLOWING TERMS AND CONDITIONS:

- (1) THE PRACTITIONER SHALL PROVIDE PATIENT CARE IN THE HOSPITAL IN ACCORDANCE WITH THE CODE AND PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION, THE AMERICAN OSTEOPATHIC ASSOCIATION, THE AMERICAN PODIATRIC ASSOCIATION, THE AMERICAN DENTAL ASSOCIATION, OR THE AMERICAN PSYCHOLOGICAL ASSOCIATION, WHICHEVER IS APPLICABLE.
- (2) THE PRACTITIONER HAS READ THESE MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS AND AGREES TO ABIDE BY SUCH MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS, AND ANY AMENDMENTS THERETO THAT SHALL BE ADOPTED BY THE MEDICAL STAFF AND APPROVED BY THE BOARD IN CONFORMANCE WITH THE PROCEDURES SET FORTH IN THESE MEDICAL STAFF BYLAWS OR RULES AND REGULATIONS. FURTHER, THE PRACTITIONER SHALL ABIDE BY ANY APPLICABLE HOSPITAL POLICIES IN EFFECT AT THE TIME OF APPOINTMENT, REAPPOINTMENT, OR AS MAY BE IMPLEMENTED DURING THE COURSE OF THE MEDICAL STAFF YEAR.
- (3) EACH MEMBER OF THE LIMITED STAFF SHALL POSSESS A VALID TRAINING CERTIFICATE AND SHALL APPLY FOR AN UNRESTRICTED LICENSE IN THE STATE OF OHIO PURSUANT TO THE MEDICAL STAFF BYLAWS.
- (4) THE PRACTITIONER MUST DEMONSTRATE ADHERENCE AND DEDICATION TO THE EDUCATIONAL AND RESEARCH GOALS OF THE OHIO STATE UNIVERSITY.
- (5) THE PRACTITIONER GRANTS FULL IMMUNITY FROM LIABILITY UNDER THE PROVISIONS OF RULE 3335-45-16 OF THE ADMINISTRATIVE CODE.
- (6) THE PRACTITIONER SHALL HAVE A SUBSTITUTE PRACTITIONER WHO IS A MEMBER IN GOOD STANDING OF THE MEDICAL STAFF AVAILABLE TO CARE FOR THE PRACTITIONER'S PATIENTS IN THE PRACTITIONER'S ABSENCE.
- (7) THE PRACTITIONER SHALL NOT REBATE A PORTION OF A FEE, OR ACCEPT INDUCEMENTS IN EXCHANGE FOR A PATIENT REFERRAL.
- (8) THE PRACTITIONER SHALL NOT DECEIVE A PATIENT AS TO THE IDENTITY OF AN OPERATING SURGEON OR ANY OTHER PRACTITIONER PROVIDING TREATMENT OR SERVICE TO THE PATIENT.

- (9) THE PRACTITIONER SHALL NOT DELEGATE THE RESPONSIBILITY FOR THE DIAGNOSIS OR CARE OF ANY PATIENT WHILE IN THE HOSPITAL TO ANY PRACTITIONER OR OTHER PERSON WHO IS NOT LICENSED OR PROFESSIONALLY QUALIFIED TO UNDERTAKE THIS RESPONSIBILITY.
 - (10) THE PRACTITIONER SHALL CONTINUE TO MAINTAIN PROFESSIONAL MALPRACTICE INSURANCE OF AT LEAST THE AMOUNT AND THE TYPE SPECIFIED BY THE BOARD.
 - (11) THE PRACTITIONER IS SUBJECT TO REVIEW AS PART OF THE HOSPITAL'S QUALITY IMPROVEMENT PROGRAM AND UTILIZATION REVIEW PROGRAM.
 - (12) THE PRACTITIONER SHALL COMPLY WITH ALL APPLICABLE HOSPITAL POLICIES INCLUDING, BUT NOT LIMITED TO, POLICIES ON EMPLOYEE AND MEDICAL STAFF HEALTH AND SAFETY; UNCOMPENSATED CARE; CONFLICT OF INTEREST; ACCESS AND COMMUNICATION; THE PROVISIONS OF THE OHIO STATE UNIVERSITY MEDICAL CENTER INTEGRITY PROGRAM, AND ANY ADMINISTRATIVE DIRECTIVE OR POLICY ADOPTED TO AVOID DISRUPTING OPERATIONS OF THE HOSPITAL WHICH ADVERSELY IMPACT OVERALL PATIENT CARE OR WHICH ADVERSELY IMPACT THE ABILITY OF HOSPITAL EMPLOYEES OR STAFF TO EFFECTIVELY AND EFFICIENTLY FULFILL THEIR RESPONSIBILITIES.
 - (13) THE PRACTITIONER WILL RESPOND IN WRITING TO REQUESTS WITHIN THE REASONABLE TIME LIMITS IMPOSED BY MEDICAL STAFF COMMITTEES OR EXTERNAL REVIEW BODIES WHEN SO REQUESTED IN A PROFESSIONAL MANNER.
 - (14) THE PRACTITIONER WILL NOTIFY THE MEDICAL DIRECTOR IN WRITING OF ANY ILLNESS OR LIMITATIONS THAT COULD ADVERSELY IMPACT THE DELIVERY OF PATIENT CARE.
- (D) SPECIAL CONDITIONS FOR MEDICAL STAFF MEMBERSHIP.
- (1) CONSISTENT WITH THE PURPOSES SET FORTH IN RULE 3335-45-02 OF THE ADMINISTRATIVE CODE, THE BOARD MAY ADOPT SPECIAL REQUIREMENTS OR LIMITATIONS, INCLUDING BUT NOT LIMITED TO A FACULTY APPOINTMENT AS A CONDITION FOR MEDICAL STAFF MEMBERSHIP IN PARTICULAR CLINICAL DIVISIONS OR CLINICAL DEPARTMENTS OF THE HOSPITAL.

IF FACULTY MEMBERSHIP IS A CONDITION OF CONTINUED MEDICAL STAFF MEMBERSHIP, THE LOSS OR NON-RENEWAL OF SUCH FACULTY APPOINTMENT WILL RESULT IN AN AUTOMATIC AND IMMEDIATE TERMINATION OF MEMBERSHIP AND CLINICAL PRIVILEGES PURSUANT TO PARAGRAPH (E) OF RULE 3335-45-07 OF THE ADMINISTRATIVE CODE.
 - (2) IN THE INTERESTS OF BALANCED TEACHING AND PATIENT CARE, THE CHIEF OF THE CLINICAL DEPARTMENT MAY, FOLLOWING CONSULTATION WITH THE DEAN OF THE APPLICABLE COLLEGE, THE CHIEF EXECUTIVE OFFICER, THE MEDICAL DIRECTOR, AND WITH THE CONCURRENCE OF THE EXECUTIVE COMMITTEE, RESTRICT ADMISSIONS. IMPOSITION OF SUCH RESTRICTION SHALL NOT GIVE RISE TO ANY RIGHT OF APPEAL OR GRIEVANCE PERMITTED BY THESE RULES.
 - (3) THE BOARD MAY AUTHORIZE CONTRACTS OR CLINICAL PRIVILEGES TO A PRACTITIONER OR GROUP OF PRACTITIONERS TO PERMIT THEM TO PROVIDE EXCLUSIVE PROFESSIONAL OR MEDICAL SERVICES AT THE HOSPITAL.

3335-45-04 APPOINTMENT AND REAPPOINTMENT.

(A) INITIAL APPLICATION.

- (1) A PRACTITIONER MAKING INITIAL APPLICATION FOR MEDICAL STAFF MEMBERSHIP SHALL SUBMIT A WRITTEN AND SIGNED APPLICATION, ON A FORM PRESCRIBED BY THE MEDICAL DIRECTOR, TO THE MEDICAL DIRECTOR. ACTION ON THE APPLICATION IS WITHHELD UNTIL THE INFORMATION IS VERIFIED AND THE APPLICANT SATISFIES REQUIREMENTS OF RULE 3335-45-03 OF THE ADMINISTRATIVE CODE.
- (2) THE APPLICATION PROCESS IS DESCRIBED TO EACH APPLICANT.
- (3) A SEPARATE RECORD IS MAINTAINED FOR EACH PRACTITIONER.
- (4) A COMPLETED APPLICATION SHALL INCLUDE, AND THE APPLICANT SHALL HAVE THE BURDEN TO PROVIDE, AT A MINIMUM, THE FOLLOWING INFORMATION:
 - (a) THE APPLICANT'S PROFESSIONAL EDUCATION AND TRAINING;
 - (b) THE APPLICANT'S PROFESSIONAL EXPERIENCE;
 - (c) THE APPLICANT SHALL AT THE TIME OF APPOINTMENT BE BOARD CERTIFIED IN A MEDICAL SPECIALTY APPROVED BY THE AMERICAN MEDICAL ASSOCIATION AND AMERICAN BOARD OF MEDICAL SPECIALTIES, OR OTHER SIMILARLY APPLICABLE CERTIFYING BOARD FOR DOCTORS OF OSTEOPATHY, OR PRACTITIONERS OF PODIATRY, PSYCHOLOGY, OR DENTISTRY. AN APPLICANT WHO IS AN ACTIVE BOARD CANDIDATE AT THE TIME OF INITIAL APPOINTMENT, SHALL HAVE THREE YEARS FROM THE DATE ELIGIBILITY WAS FIRST ATTAINED TO BECOME BOARD CERTIFIED. BOARD CERTIFICATION IS A CONTINUING REQUIREMENT. WHENEVER RECERTIFICATION IS REQUIRED BY AN APPROVED SUBSPECIALTY BOARD, APPLICANTS SHALL MEET THE TERMS OF RECERTIFICATION. FAILURE TO MEET OR MAINTAIN BOARD CERTIFICATION OR RECERTIFICATION SHALL RESULT IN IMMEDIATE TERMINATION FROM THE MEDICAL STAFF. THIS REQUIREMENT MAY BE WAIVED BY THE BOARD AT THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE, UPON RECOMMENDATION OF THE CREDENTIALS COMMITTEE OR THE MEDICAL DIRECTOR;
 - (d) A COPY OF THE PRACTITIONER'S CURRENT OHIO LICENSE;
 - (e) LETTERS OF REFERENCE FROM AT LEAST TWO REPUTABLE PRACTITIONERS WHO ARE KNOWLEDGEABLE ABOUT THE APPLICANT'S CURRENT PROFESSIONAL COMPETENCE, ETHICAL CHARACTER AND PROFESSIONAL JUDGMENT;
 - (f) A LETTER OF REFERENCE FROM THE CHIEF OF THE CLINICAL SERVICE OF A HOSPITAL WHERE THE PRACTITIONER HAS, OR HAS HAD CURRENT CLINICAL PRIVILEGES;
 - (g) A SIGNED STATEMENT TO ABIDE BY THE MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS OF THE MEDICAL STAFF AND OF THE BOARD, AND THE BYLAWS OF THE OHIO STATE UNIVERSITY HOSPITALS AND THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY;

- (h) A CONSENT TO BE INTERVIEWED IN REGARD TO THE APPLICATION; A CONSENT TO AUTHORIZE THE MEDICAL DIRECTOR OR DESIGNEE TO CONSULT WITH OTHER HOSPITALS, PRACTITIONERS, INDIVIDUALS, OR ORGANIZATIONS WITH WHICH THE APPLICANT HAS BEEN OR HAS ATTEMPTED TO BE ASSOCIATED, AND TO OBTAIN INFORMATION ON THE APPLICANT'S COMPETENCE, CHARACTER, ETHICS, OR QUALIFICATIONS; AND A CONSENT TO PERMIT INSPECTION OF ALL RECORDS AND DOCUMENTS THAT MAY BE MATERIAL TO THE EVALUATION OF THE APPLICANT'S PROFESSIONAL QUALIFICATIONS;
- (i) AGREEMENT TO DISCLOSE ANY INSTANCE IN WHICH THE PRACTITIONER HAS AT ANY TIME EXPERIENCED THE RESTRICTION, SUSPENSION, REVOCATION, FINE OR CENSURE, DENIAL, LIMITATION, VOLUNTARY OR INVOLUNTARY RELINQUISHMENT OF ANY OF THE FOLLOWING: PROFESSIONAL LICENSURE, BOARD CERTIFICATION OR RECERTIFICATION, DEA REGISTRATION, MEMBERSHIP IN ANY PROFESSIONAL ORGANIZATION, MEDICAL STAFF MEMBERSHIP OR PRIVILEGES, MEMBERSHIP OR PRIVILEGES AT ANY OTHER HEALTH CARE FACILITY, AND MEMBERSHIP OR PROVIDER STATUS IN ANY STATE OR FEDERAL HEALTH PLAN;
- (j) AN AGREEMENT TO DISCLOSE WITHIN THIRTY DAYS TO THE MEDICAL DIRECTOR THE INITIATION OF ANY PROCESS WHICH COULD LEAD TO A CONDITION LISTED IN PARAGRAPH (A)(4)(i) OF THIS RULE;
- (k) ANY LEGAL ACTION BASED UPON AN ALLEGATION OF MEDICAL MALPRACTICE THAT IS CURRENTLY PENDING AGAINST THE APPLICANT, INCLUDING THE STATUS OF SUCH LEGAL ACTION; AND ANY INSTANCE WITHIN FIVE YEARS PRIOR TO THE DATE OF APPLICATION IN WHICH THE APPLICANT, OR THE APPLICANT'S INSURER, HAS PAID MONEY PURSUANT TO A COURT JUDGMENT OR AN OUT-OF-COURT SETTLEMENT IN A LEGAL ACTION BASED UPON AN ALLEGATION OF MEDICAL MALPRACTICE;
- (l) A SPECIFIC REQUEST FOR PARTICULAR STAFF ASSIGNMENTS AND DELINEATED CLINICAL PRIVILEGES;
- (m) EACH MEMBER OF THE MEDICAL STAFF WHO PROVIDES CARE TO PATIENTS, MUST, AS A CONDITION PRECEDENT TO BEING APPOINTED AND CONTINUING AN APPOINTMENT TO THE MEDICAL STAFF, PROVIDE EVIDENCE OF FINANCIAL ABILITY TO RESPOND TO PATIENT CLAIMS BY MEANS OF PROFESSIONAL LIABILITY INSURANCE OF AT LEAST THE MINIMUM LIMITS ESTABLISHED BY THE BOARD;
- (n) THE APPLICANT'S AGREEMENT TO OBSERVE ALL OF THE ETHICAL PRINCIPLES OF HIS OR HER PROFESSION AS DEFINED BY THE APPROPRIATED PROFESSIONAL SOCIETIES;
- (o) IF THE APPLICANT HAS A PHYSICAL OR MENTAL HEALTH CONDITION OR DISABILITY, INCLUDING ALCOHOL OR DRUG USE, ABUSE OR DEPENDENCY, THAT AFFECTS OR THAT IS EXPECTED TO PROGRESS WITHIN THE NEXT TWO YEAR PERIOD TO THE POINT OF AFFECTING THE APPLICANT'S ABILITY TO RENDER PATIENT CARE OR TO PERFORM PROFESSIONAL OR MEDICAL STAFF DUTIES OR ANY OF THE SPECIFIC CLINICAL PRIVILEGES REQUESTED;

- (p) CONSENT TO AUTHORIZE ANY APPROPRIATE HEALTH ASSESSMENT, INCLUDING BUT NOT LIMITED TO, DRUG OR ALCOHOL SCREENS ON THE PRACTITIONER AT ANY TIME DURING NORMAL PURSUIT OF MEDICAL STAFF DUTIES, BASED UPON REASONABLE CAUSE AS DETERMINED BY THE CHIEF OF THE PRACTITIONER'S CLINICAL DEPARTMENT OR THE MEDICAL DIRECTOR OR THEIR DESIGNEE. THE PURPOSE OF THIS ASSESSMENT SHALL BE TO ENSURE THAT THE PRACTITIONER IS ABLE TO FULLY PERFORM AND DISCHARGE THE CLINICAL, EDUCATIONAL, ADMINISTRATIVE, AND/OR RESEARCH RESPONSIBILITIES WHICH THE PRACTITIONER IS PERMITTED TO EXERCISE BY REASON OF MEDICAL STAFF MEMBERSHIP. AT THE TIME OF THE INITIAL REQUEST FOR HEALTH ASSESSMENT, AND AT ANY TIME THE PRACTITIONER REFUSES TO PARTICIPATE AS NEEDED IN A HEALTH ASSESSMENT, INCLUDING BUT NOT LIMITED TO, A DRUG OR ALCOHOL SCREENING, THE CHIEF OF THE PRACTITIONER'S CLINICAL DEPARTMENT OR THE MEDICAL DIRECTOR MAY IMPOSE A SUMMARY SUSPENSION OF THE PRACTITIONER'S PRIVILEGES;
 - (q) EVIDENCE OF REQUIRED IMMUNIZATIONS;
 - (r) SATISFACTION OF ECFMG REQUIREMENTS, IF APPLICABLE;
 - (s) VERIFICATION BY PRIMARY SOURCE DOCUMENTATION OF:
 - (i) STATE LICENSURE.
 - (ii) FACULTY APPOINTMENT, IF APPLICABLE.
 - (iii) DEA REGISTRATION.
 - (iv) GRADUATION FROM AN ACCREDITED MEDICAL SCHOOL OR OSTEOPATHIC SCHOOL, OR AN ACCREDITED PROGRAM OF DENTISTRY, PODIATRY OR PSYCHOLOGY.
 - (v) SUCCESSFUL COMPLETION OR RECORD OF POST M.D. GRADUATE MEDICAL EDUCATION, AND/OR OTHER POSTGRADUATE EDUCATION.
 - (vi) BOARD CERTIFICATION, RECERTIFICATION, OR ACTIVE CANDIDACY FOR CERTIFICATION.
 - (t) THE APPLICANT'S AGREEMENT TO PROVIDE FOR CONTINUOUS CARE OF ALL OF HIS OR HER PATIENTS WHILE THEY ARE UNDERGOING MEDICAL TREATMENT AT THE HOSPITAL;
 - (u) THE APPLICANT'S ACKNOWLEDGMENT OF THE IMMUNITY FROM LIABILITY PROVISIONS OF RULE 3335-45-16 OF THE ADMINISTRATIVE CODE; AND
 - (v) A RECENT PHOTOGRAPH OF THE APPLICANT.
- (B) ACTION ON INITIAL APPLICATION.
- (1) UPON RECEIPT OF A TIMELY, SIGNED APPLICATION FOR MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES, THE MEDICAL DIRECTOR OR DESIGNEE SHALL REVIEW AND VERIFY THE APPLICATION FOR COMPLETENESS. THE MEDICAL DIRECTOR OR DESIGNEE WILL ALSO CONTACT THE CLEARINGHOUSE TO DETERMINE WHETHER OR NOT ANY

MALPRACTICE CLAIMS OR ADVERSE ACTIONS HAVE EVER BEEN REPORTED AS TO THE APPLICANT. ANY INFORMATION OBTAINED FROM THE CLEARINGHOUSE SHALL BE DOCUMENTED IN THE RECORD OF THE APPLICANT. AN INCOMPLETE APPLICATION SHALL BE RETURNED TO THE APPLICANT FOR COMPLETION AND RESUBMISSION. UPON DETERMINING THAT AN APPLICATION IS COMPLETE, THE MEDICAL DIRECTOR OR DESIGNEE SHALL TRANSMIT THE COMPLETED APPLICATION TO THE CHIEF OF EACH CLINICAL DEPARTMENT IN WHICH THE APPLICANT SEEKS CLINICAL PRIVILEGES AND TO THE CREDENTIALS COMMITTEE.

- (2) UPON RECEIPT OF A COMPLETED APPLICATION, THE CHIEF OF EACH CLINICAL DEPARTMENT OR DESIGNEE SHALL REVIEW SUCH APPLICATION WITH THE MEMBERS OF THE CLINICAL DEPARTMENT AT THE NEXT REGULARLY SCHEDULED MEETING OF THE CLINICAL DEPARTMENT OR ANY SPECIAL MEETING OF THE CLINICAL DEPARTMENT CALLED FOR THE PURPOSE OF REVIEWING THE APPLICATION. AT SUCH MEETING THE CLINICAL DEPARTMENT MEMBERS SHALL MAKE A RECOMMENDATION TO THE CREDENTIALS COMMITTEE AS TO THE GRANTING OF THE CLINICAL PRIVILEGES REQUESTED, AND THE SCOPE OF THE PRIVILEGES TO BE GRANTED.
 - (a) ALL REVIEWED APPLICATIONS, AND ANY COMPLETED APPLICATIONS WHICH ARE NOT REVIEWED, OR FOR WHICH A RECOMMENDATION IS NOT MADE BY THE CLINICAL DEPARTMENT OR THE CHIEF OF THE CLINICAL DEPARTMENT ON A TIMELY BASIS (ON OR ABOUT SIXTY DAYS FROM THE RECEIPT OF THE COMPLETED APPLICATION), SHALL BE FORWARDED TO THE MEDICAL DIRECTOR FOR PRESENTATION TO THE CREDENTIALS COMMITTEE. THIS ACTION SHALL CONTINUE THE APPLICANT'S TEMPORARY PRIVILEGES, IF ANY, HOWEVER IT CREATES NO VESTED RIGHTS BEYOND THE DURATION OF THE APPOINTMENT PROCESSING PERIOD.
 - (b) TIME PERIODS FOR PROCESSING AN APPLICATION ARE:
 - (i) MEDICAL DIRECTOR VERIFICATION AND QUERY AND CLINICAL DEPARTMENTAL REVIEW - SIXTY DAYS.
 - (ii) CREDENTIALS COMMITTEE REVIEW AND RECOMMENDATION WITHIN THIRTY DAYS OR NINETY DAYS FROM SUBMISSION OF A COMPLETED APPLICATION, WHICHEVER IS LESS.
 - (iii) EXECUTIVE COMMITTEE REVIEW AND RECOMMENDATION WITHIN THIRTY DAYS OR ONE HUNDRED TWENTY DAYS FROM SUBMISSION OF A COMPLETED APPLICATION, WHICHEVER IS LESS.
 - (iv) BOARD REVIEW AND RECOMMENDATION WITHIN THIRTY DAYS OR ONE HUNDRED FIFTY DAYS FROM SUBMISSION OF A COMPLETED APPLICATION, WHICHEVER IS LESS.
- (3) UPON RECEIPT OF A COMPLETED APPLICATION, THE CREDENTIALS COMMITTEE SHALL PROCEED TO:
 - (a) REVIEW AND INVESTIGATE THE CHARACTER, QUALIFICATION AND PROFESSIONAL COMPETENCE OF THE APPLICANT;
 - (b) REQUEST A WRITTEN RECOMMENDATION FROM THE CHIEF OF EACH CLINICAL DEPARTMENT IN WHICH THE APPLICANT SHOULD

BE GRANTED THE CLINICAL PRIVILEGES REQUESTED, AND THE SCOPE OF THE PRIVILEGES TO BE GRANTED; AND

- (c) REQUEST A PERSONAL INTERVIEW WITH THE APPLICANT, IF DEEMED APPROPRIATE.
- (4) THE CREDENTIALS COMMITTEE SHALL MAKE A WRITTEN REPORT OF ITS REVIEW TO THE EXECUTIVE COMMITTEE. SUCH REPORT SHALL INCLUDE A RECOMMENDATION THAT THE APPLICANT BE:
 - (a) APPOINTED TO THE MEDICAL STAFF; OR
 - (b) THAT THE APPLICATION BE DEFERRED FOR FURTHER CONSIDERATION FOR A MAXIMUM OF AN ADDITIONAL NINETY DAYS; OR
 - (c) REJECTED FOR MEDICAL STAFF MEMBERSHIP.

IF APPROVED FOR APPOINTMENT, THE REPORT OF THE CREDENTIALS COMMITTEE SHALL INCLUDE DELINEATION OF THE APPLICANT'S CLINICAL PRIVILEGES.

IF THE APPLICATION IS DEFERRED OR REJECTED, THE REPORT OF THE CREDENTIALS COMMITTEE SHALL INCLUDE THE REASON FOR DEFERRAL OR REJECTION.

(C) EXECUTIVE COMMITTEE ACTION ON INITIAL APPOINTMENT.

- (1) THE EXECUTIVE COMMITTEE WILL CONSIDER THE REPORT OF THE CREDENTIALS COMMITTEE AND DETERMINE THE RECOMMENDATIONS TO BE MADE TO THE BOARD AT THE BOARD'S NEXT REGULARLY SCHEDULED MEETING. THE EXECUTIVE COMMITTEE'S RECOMMENDATION SHALL BE TRANSMITTED TO THE BOARD THROUGH THE MEDICAL DIRECTOR, AND IT SHALL BE THE RESPONSIBILITY OF THE MEDICAL DIRECTOR TO SEND ANY REQUIRED NOTICES TO THE APPLICANT.
- (2) IF THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE IS THAT THE APPLICANT SHOULD BE APPOINTED TO THE MEDICAL STAFF, THE EXECUTIVE COMMITTEE SHALL ALSO SPECIFICALLY RECOMMEND THE CLINICAL PRIVILEGES TO BE GRANTED, INCLUDING ANY LIMITATIONS TO BE IMPOSED UPON SUCH CLINICAL PRIVILEGES. THE EXECUTIVE COMMITTEE WILL ALSO RECOMMEND THE CLINICAL DEPARTMENT(S) AND THE STAFF CATEGORY TO WHICH THE APPLICANT WILL BE ASSIGNED.
- (3) IF THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE IS TO DEFER ACTION ON THE APPLICATION FOR FURTHER CONSIDERATION, THE EXECUTIVE COMMITTEE MUST SPECIFY THE SPECIFIC PROCEDURES THAT WILL BE PURSUED TO MAKE A SUBSEQUENT RECOMMENDATION ON THE APPLICANT'S ACCEPTANCE, REJECTION, OR LIMITATION OF PRIVILEGES.
- (4) IF THE EXECUTIVE COMMITTEE'S RECOMMENDATION IS THAT THE APPLICANT SHOULD BE REJECTED FOR MEDICAL STAFF MEMBERSHIP, OR THAT THE CLINICAL PRIVILEGES GRANTED TO THE APPLICANT SHOULD BE LESS THAN REQUESTED BY THE APPLICANT, THE MEDICAL DIRECTOR SHALL PROMPTLY NOTIFY THE APPLICANT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OF THE EXECUTIVE COMMITTEE'S RECOMMENDATION AND OF HIS OR HER APPEAL RIGHTS UNDER RULE 3335-45-08 OF THE ADMINISTRATIVE CODE. NO SUCH ADVERSE RECOMMENDATION SHALL BE TRANSMITTED TO THE BOARD UNTIL THE

APPLICANT HAS EXERCISED OR HAS BEEN DEEMED TO WAIVE HIS OR HER RIGHTS OF APPEAL PURSUANT TO RULE 3335-45-08 OF THE ADMINISTRATIVE CODE.

(D) ACTION OF THE BOARD ON INITIAL APPLICATION.

- (1) IF THE APPLICATION IN QUESTION IS NOT SUBJECT TO AN APPEAL PURSUANT TO RULE 3335-45-08 OF THE ADMINISTRATIVE CODE, AT THE NEXT REGULARLY SCHEDULED MEETING OF THE BOARD AFTER THE EXECUTIVE COMMITTEE HAS FORWARDED ITS RECOMMENDATION, THE BOARD SHALL ACT UPON THE APPLICATION. THE BOARD MAY EITHER ACCEPT THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE, OR REJECT OR MODIFY THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE. IF THE DECISION OF THE BOARD IS CONTRARY TO THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE, THE BOARD SHALL SUBMIT THE MATTER TO THE JOINT CONFERENCE COMMITTEE FOR ITS REVIEW AND RECOMMENDATION AND SHALL CONSIDER SUCH RECOMMENDATION BEFORE MAKING ITS FINAL DECISION.
- (2) IF THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE HAS BEEN APPEALED PURSUANT TO RULE 3335-45-08 OF THE ADMINISTRATIVE CODE, BUT THE APPLICANT HAS NOT REQUESTED APPELLATE REVIEW BY THE BOARD OF THE HEARING COMMITTEE'S DECISION (SEE PARAGRAPHS (I) AND (J) OF RULE 3335-45-08 OF THE ADMINISTRATIVE CODE), AT THE NEXT REGULARLY SCHEDULED MEETING OF THE BOARD AFTER THE HEARING COMMITTEE OR HEARING OFFICER HAS FORWARDED ITS DECISION, THE BOARD WILL CONSIDER THE HEARING COMMITTEE'S OR HEARING OFFICER'S DECISION AND THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE, AND ACT UPON THE APPLICATION. IF THE DECISION OF THE BOARD IS CONTRARY TO THE ORIGINAL RECOMMENDATION OF THE EXECUTIVE COMMITTEE AND IS ADVERSE TO THE PRACTITIONER, THE PRACTITIONER SHALL BE ENTITLED TO THE DUE PROCESS RIGHTS OF RULE 3335-45-08 OF THE ADMINISTRATIVE CODE.
- (3) IF THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE HAS BEEN APPEALED PURSUANT TO RULE 3335-45-08 OF THE ADMINISTRATIVE CODE, AND THE APPLICANT HAS REQUESTED APPELLATE REVIEW OF THE HEARING COMMITTEE'S OR HEARING OFFICER'S DECISION BY THE BOARD, THE DECISION OF THE BOARD ON APPELLATE REVIEW PURSUANT TO RULE 3335-45-08 OF THE ADMINISTRATIVE CODE SHALL BE THE BOARD'S ACTION ON THE INITIAL APPLICATION.
- (4) WHEN THE BOARD DECISION IS FINAL, IT SHALL SEND NOTICE OF SUCH DECISION THROUGH THE MEDICAL DIRECTOR TO THE PROFESSIONAL AFFAIRS, RESEARCH AND EDUCATION COMMITTEE OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD FOR REVIEW AND RECOMMENDATION. THE BOARD SHALL ALSO FORWARD THE TRANSCRIPT OF ANY HEARING, AS WELL AS ANY OTHER DOCUMENTATION PROVIDED BY ANY PARTY REGARDING THE APPLICATION FOR MEDICAL STAFF MEMBERSHIP.
- (5) THE APPLICATION SHALL BE FORWARDED TOGETHER WITH A RECOMMENDATION BY THE PROFESSIONAL AFFAIRS, RESEARCH AND EDUCATION COMMITTEE FOR APPROVAL, MODIFICATION, OR REJECTION OF APPLICATION FOR PRIVILEGES BY THE OHIO STATE UNIVERSITY HOSPITALS BOARD AND IN LIKE FASHION BY THE OHIO STATE UNIVERSITY HOSPITALS BOARD TO THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY FOR FINAL ACTION.

(E) TERM OF APPOINTMENT.

- (1) THE BOARD WILL MAKE ALL APPOINTMENTS TO THE MEDICAL STAFF. APPOINTMENTS SHALL BE FOR TWO YEARS, PROVIDED THAT ALL INITIAL APPOINTMENTS SHALL BE IN NATURE WITH THE EXCEPTION OF THE PEER REVIEW MEDICAL STAFF. THEREAFTER, THE MEMBER WILL BE SUBJECT TO REAPPOINTMENT AS SET FORTH IN PARAGRAPH (F) OF THIS RULE.
- (2) NOTWITHSTANDING THE PROVISIONS OF THIS PARAGRAPH, THE CLINICAL PRIVILEGES AND MEDICAL STAFF MEMBERSHIP OF ANY PRACTITIONER MAY BE SUSPENDED OR REVOKED AT ANY TIME PURSUANT TO RULE 3335-45-07 OF THE ADMINISTRATIVE CODE, AND THE APPLICABLE PROVISIONS OF THE GOVERNING DOCUMENTS OF THE BOARD.

(F) REAPPRAISAL AND REAPPOINTMENT.

- (1) EACH MEMBER OF THE MEDICAL STAFF WILL BE REAPPOINTED, AT A MINIMUM, ON A BIENNIAL BASIS (EVERY TWO YEARS). THE CREDENTIALS COMMITTEE SHALL BEGIN TO CONDUCT ITS REVIEW ONE HUNDRED EIGHTY DAYS PRIOR TO THE END OF THE BIENNIAL PERIOD, AND CONSIDER ALL PERTINENT INFORMATION AVAILABLE ON EACH MEMBER WHOSE BIENNIAL TERM EXPIRES AT THE END OF THE MEDICAL STAFF YEAR FOR THE PURPOSE OF MAKING A RECOMMENDATION ON THE MEMBER'S REAPPOINTMENT TO THE MEDICAL STAFF AND FOR GRANTING OF CLINICAL PRIVILEGES DURING THE TERM OF SUCH REAPPOINTMENT. PROVISIONAL MEMBERS SHALL BE REVIEWED BY THE CREDENTIALS COMMITTEE AT THE EXPIRATION OF THEIR INITIAL APPOINTMENT FOR ADVANCEMENT TO THE ACTIVE MEDICAL STAFF, THE COURTESY MEDICAL STAFF, THE CONSULTING STAFF, THE LIMITED MEDICAL STAFF, OR PEER REVIEW MEDICAL STAFF. IF THE REAPPOINTMENT IS RECOMMENDED FOR THE PROVISIONAL MEMBER, THE DECISION REGARDING THE APPROPRIATE MEDICAL STAFF CATEGORY WILL BE MADE ON THE BASIS OF UTILIZATION OF THE HOSPITAL, MEETING AND COMMITTEE ATTENDANCE, RECOMMENDATION OF THE CHIEF OF THE CLINICAL DEPARTMENT AND PERSONAL REQUEST.
- (2) IT SHALL BE THE PRACTITIONER'S OBLIGATION TO PROVIDE ALL INFORMATION REQUESTED BY THE CREDENTIALS COMMITTEE ON OR BEFORE THE DATE SPECIFIED IN THE REQUEST. SUCH DATE SHALL NOT BE LESS THAN THIRTY DAYS FROM THE DATE OF THE REQUEST FOR INFORMATION. AN INCOMPLETE APPLICATION FOR REAPPOINTMENT SHALL BE RETURNED TO THE APPLICANT FOR COMPLETION AND RESUBMISSION.
- (3) THE CREDENTIALS COMMITTEE WILL INITIATE ITS REVIEW BY REQUESTING, IN WRITING, A COMPLETED AND SIGNED REAPPOINTMENT APPLICATION IN A FORM AS PRESCRIBED BY THE MEDICAL DIRECTOR CONTAINING AT LEAST IN THE FOLLOWING INFORMATION FROM THE MEMBER:
 - (a) ANSWERS AND UPDATES TO ALL INFORMATION PROVIDED BY THE MEMBER IN THE INITIAL APPLICATION.
 - (b) ANY REQUEST BY THE PRACTITIONER FOR CHANGE IN MEDICAL STAFF CATEGORY OR REQUEST FOR REVISION OF PRIVILEGES. IF ADDITIONAL PRIVILEGES ARE REQUESTED, THE PRACTITIONER MUST SUBMIT DOCUMENTATION OF COMPETENCY FOR THE REQUESTED PRIVILEGES.

- (c) A COPY OF THE FACE SHEET OF THE PRACTITIONER'S CURRENT PROFESSIONAL LIABILITY INSURANCE POLICY SHOWING AT LEAST THE MINIMUM REQUIREMENTS ESTABLISHED BY THE BOARD.
 - (d) ANY INSTANCE IN WHICH AN ALLEGATION OF MALPRACTICE HAS BEEN FILED, OR A SETTLEMENT, JUDGEMENT, DISMISSAL, OR OTHER MALPRACTICE ACTION RESULT HAS OCCURRED AGAINST THE PRACTITIONER SINCE THE PRACTITIONER'S LAST REAPPOINTMENT.
 - (e) A WRITTEN STATEMENT FROM THE PRACTITIONER VERIFYING THAT THE PRACTITIONER HAS MET ALL CONTINUING MEDICAL EDUCATION REQUIREMENTS NECESSARY FOR THE MAINTENANCE OF THE PRACTITIONER'S LICENSE.
 - (f) IF THE PRACTITIONER HAS A PHYSICAL OR MENTAL HEALTH CONDITION OR DISABILITY, INCLUDING ALCOHOL OR DRUG ABUSE OR DEPENDENCY, THAT AFFECTS THE PRACTITIONER'S ABILITY TO RENDER PATIENT CARE OR TO PERFORM PROFESSIONAL OR MEDICAL STAFF DUTIES OR ANY OF THE SPECIFIC CLINICAL PRIVILEGES REQUESTED.
 - (g) FAILURE, WITHOUT GOOD CAUSE AS DETERMINED BY THE CREDENTIALS COMMITTEE, TO SUBMIT A TIMELY REAPPOINTMENT APPLICATION OR TO PROVIDE REQUESTED INFORMATION SHALL BE DEEMED A VOLUNTARY RESIGNATION FROM THE MEDICAL STAFF AND SHALL RESULT IN AUTOMATIC TERMINATION OF MEMBERSHIP AND ALL CLINICAL PRIVILEGES. THE TERMINATION OF MEDICAL STAFF MEMBERSHIP AND PRIVILEGES SHALL NOT BE DEEMED AN ADVERSE ACTION AND SHALL NOT GIVE RISE TO THE DUE PROCESS RIGHTS OF RULE 3335-45-08 OF THE ADMINISTRATIVE CODE.
- (4) A REQUEST FOR A LEAVE OF ABSENCE FROM THE MEDICAL STAFF SHALL BE SUBMITTED IN WRITING TO THE MEDICAL DIRECTOR AND THE CHIEF OF THE CLINICAL DEPARTMENT STATING THE EXACT PERIOD OF THE TIME OF LEAVE, WHICH MAY NOT EXCEED ONE YEAR. LEAVE OF ABSENCE FROM THE FACULTY SHALL BE AS PROVIDED BY UNIVERSITY RULES AND POLICIES. AN APPLICATION FOR REAPPOINTMENT SHALL BE SUBMITTED FOLLOWING A LEAVE OF ABSENCE FROM THE MEDICAL STAFF AND/OR FROM THE FACULTY AND BE PROCESSED AS PROVIDED IN THIS PARAGRAPH.
- (5) THE CREDENTIALS COMMITTEE WILL OBTAIN, AT A MINIMUM, THE FOLLOWING INFORMATION FROM THE CHIEF OF EACH CLINICAL DEPARTMENT IN WHICH THE MEMBER HAS SUCH PRIVILEGES:
- (a) AN EVALUATION OF THE MEMBER'S PERFORMANCE, JUDGMENT, AND, WHEN APPROPRIATE, TECHNICAL SKILL;
 - (b) WHETHER, TO THE CHIEF'S KNOWLEDGE, THE MEMBER HAS DEVELOPED ANY PHYSICAL OR MENTAL IMPAIRMENTS SINCE THE PREVIOUS REAPPOINTMENT THAT INTERFERE WITH THE MEMBER'S ABILITY TO CARE FOR PATIENTS IN THE HOSPITAL;
 - (c) THE MEMBER'S ATTENDANCE AT MEDICAL STAFF COMMITTEE AND CLINICAL DEPARTMENT MEETINGS AS REQUIRED;
 - (d) THE MEMBER'S SERVICE ON HOSPITAL COMMITTEES;

- (e) WHETHER THE MEMBER MAINTAINS TIMELY, ACCURATE AND COMPLETE MEDICAL RECORDS;
 - (f) THE MEMBER'S QUALITY OF CARE, AS DEMONSTRATED BY QUALITY ASSURANCE REVIEWS, AND EVALUATIONS CONDUCTED BY ANY HOSPITAL OR MEDICAL STAFF PEER REVIEW COMMITTEE;
 - (g) THE MEMBER'S DEMONSTRATED ABILITY TO WORK WITH OTHER MEMBERS OF THE MEDICAL STAFF AND WITH HOSPITAL PERSONNEL TO ACHIEVE THE DELIVERANCE OF MEDICAL CARE ACCORDING TO PROFESSIONAL STANDARDS; AND
 - (h) ANY OTHER RELEVANT FACTORS, INCLUDING, BUT NOT LIMITED TO, DISRUPTIVE AND/OR ABUSIVE BEHAVIOR WHICH ADVERSELY AFFECTS THE PRACTITIONER'S OR THE HOSPITAL'S ABILITY TO PROVIDE CARE ACCORDING TO PROFESSIONAL STANDARDS.
- (6) THE CREDENTIALS COMMITTEE WILL REQUEST THE MEDICAL DIRECTOR TO CONTACT THE CLEARINGHOUSE TO DETERMINE IF ANY MALPRACTICE CLAIMS OR ADVERSE ACTIONS HAVE EVER BEEN REPORTED AS TO THE PRACTITIONER APPLYING FOR REAPPRAISAL AND REAPPOINTMENT. ANY INFORMATION OBTAINED FROM SUCH CLEARINGHOUSE SHALL BE DOCUMENTED IN THE RECORD OF THE PRACTITIONER BEING REVIEWED AND, UPON REQUEST OF THE PRACTITIONER, SHALL BE AVAILABLE TO THE PRACTITIONER FOR REVIEW AND COPYING.
- (7) THE CREDENTIALS COMMITTEE SHALL REVIEW PEER RECOMMENDATIONS (TWO LETTERS BY FELLOW PRACTITIONERS WITH CURRENT KNOWLEDGE OF THE PRACTITIONER'S COMPETENCY) AND THE INFORMATION PROVIDED BY THE MEMBER AND OTHER PERSONS AND MAKE ANY INVESTIGATION IT DETERMINES NECESSARY AND SUBMIT A WRITTEN RECOMMENDATION TO THE EXECUTIVE COMMITTEE ON WHETHER TO REAPPOINT THE MEMBER AND THE EXTENT OF PRIVILEGES, IF ANY, TO BE GRANTED. SUCH WRITTEN RECOMMENDATION SHALL BE SUBMITTED TO THE EXECUTIVE COMMITTEE FOR ACTION AT ITS NEXT MEETING AND TO THE BOARD AT ITS NEXT MEETING AFTER THE EXECUTIVE COMMITTEE MEETING.
- (8) UPON RECEIPT OF THE WRITTEN RECOMMENDATION BY THE EXECUTIVE COMMITTEE, THE PROCEDURES PROVIDED IN PARAGRAPHS (C) AND (D) OF THIS RULE RELATING TO INITIAL APPOINTMENTS SHALL BE FOLLOWED.
- (9) THE BOARD MAY REAPPOINT A MEMBER OF THE MEDICAL STAFF AS RECOMMENDED BY THE EXECUTIVE COMMITTEE FOR TWO YEARS.
- (G) ECONOMIC FACTORS OR ECONOMIC CRITERIA.
- APPLICANTS BY PRACTITIONERS FOR INITIAL APPOINTMENT OR REAPPOINTMENT TO THE MEDICAL STAFF OR FOR CLINICAL PRIVILEGES SHALL NOT BE DENIED, NOR MEDICAL STAFF MEMBERSHIP OR CLINICAL PRIVILEGES RESTRICTED, SOLELY ON THE BASIS OF ECONOMIC FACTORS OR ECONOMIC CRITERIA WHICH ARE UNRELATED TO QUALITY OF CARE.

3335-45-05 CATEGORIES OF THE MEDICAL STAFF.

(A) THE MEDICAL STAFF.

THE MEDICAL STAFF IS DIVIDED INTO HONORARY, CONSULTING, ACTIVE, COURTESY, PROVISIONAL, LIMITED, AND PEER REVIEW CATEGORIES.

(B) THE HONORARY MEDICAL STAFF.

- (1) THE HONORARY MEDICAL STAFF WILL BE COMPOSED OF THOSE INDIVIDUALS WHO HOLD EMERITUS FACULTY STATUS AND WHO ARE RECOGNIZED FOR OUTSTANDING REPUTATION, NOTABLE SCIENTIFIC AND PROFESSIONAL CONTRIBUTIONS, AND HIGH PROFESSIONAL STATURE. NOMINATION MAY BE MADE TO THE MEDICAL DIRECTOR WHO SHALL PRESENT THE CANDIDATE TO THE EXECUTIVE COMMITTEE FOR APPROVAL.

MEMBERS OF THE HONORARY MEDICAL STAFF SHALL HAVE ACCESS TO THE MEDICAL CENTER AND BE GIVEN NOTICE OF ALL MEDICAL STAFF ACTIVITIES AND MEETINGS, HOWEVER, THEY SHALL NOT BE REQUIRED TO ATTEND STAFF MEETINGS AND THEIR MEDICAL STAFF DUES SHALL BE WAIVED. THEY SHALL ENJOY ALL PRIVILEGES AND RESPONSIBILITIES OF ACTIVE MEDICAL STAFF APPOINTMENTS EXCEPT THE RIGHT TO VOTE OR HOLD ELECTED OFFICE IN THE MEDICAL STAFF ORGANIZATION.

- (2) THE HONORARY MEDICAL STAFF SHALL BE COMPOSED OF ACTIVE AND NON-ACTIVE MEMBERS. THOSE MEMBERS WHO DO NOT DESIRE TO EXERCISE CLINICAL PRIVILEGES WILL MAKE WRITTEN NOTICE TO THE MEDICAL DIRECTOR WHO WILL FORWARD THE APPLICATIONS WITH RECOMMENDATIONS TO THE CREDENTIALS COMMITTEE, WHICH SHALL HAVE THE DISCRETION TO WAIVE PORTIONS OF THE CUSTOMARY APPLICATION PROCESS. FOR THOSE MEMBERS OF THE HONORARY MEDICAL STAFF WHO DESIRE CLINICAL PRIVILEGES, FULL CREDENTIALING PROCEDURES MUST BE FOLLOWED.
- (3) MEMBERS OF THE HONORARY MEDICAL STAFF OF THE FORMER PARK MEDICAL CENTER WHO DO NOT DESIRE CLINICAL PRIVILEGES WILL BE GRANTED HONORARY MEDICAL STAFF MEMBERSHIP AT THE HOSPITAL.

(C) THE CONSULTING STAFF.

- (1) THE CONSULTING STAFF CONSISTS OF PRACTITIONERS WITH ABILITY IN THEIR RESPECTIVE SPECIALTIES, WHO HAVE QUALIFICATIONS AND WHO HAVE DEMONSTRATED AND SIGNIFIED THEIR WILLINGNESS TO RESPOND TO REQUESTS FOR CONSULTATION.
- (2) MEMBERS OF THE CONSULTING STAFF:
 - (a) ARE NOT SOLICITED FOR STAFF DUES;
 - (b) ARE NOT ELIGIBLE FOR ELECTED MEDICAL STAFF POSITIONS;
 - (c) MAY NOT VOTE ON MEDICAL STAFF AFFAIRS UNLESS APPOINTED TO A MEDICAL STAFF COMMITTEE; AND
 - (d) ARE NOT REQUIRED TO ATTEND MEETINGS.

(D) THE ACTIVE MEDICAL STAFF.

- (1) THE ACTIVE MEDICAL STAFF CONSISTS OF PRACTITIONERS WHO RESIDE IN THE COMMUNITY OR PRACTICE WITHIN A REASONABLE DISTANCE OF THE HOSPITAL; WHO ARE CAPABLE AND WILLING TO ASSUME ALL FUNCTIONS OF THE ACTIVE MEDICAL STAFF, AND WHO ARE WILLING TO ATTEND PATIENTS WHO ARE NOT UNDER THE CARE OF A MEMBER OF THE MEDICAL STAFF AT THE TIME SUCH PATIENTS REQUIRE ADMISSION TO THE HOSPITAL.

(2) MEMBERS OF THE ACTIVE MEDICAL STAFF:

- (a) HAVE FULL ADMITTING PRIVILEGES IF THEY ARE PRACTITIONERS OF MEDICINE OR OSTEOPATHIC MEDICINE, OR PRACTITIONERS OF DENTISTRY WHO HAVE BEEN GRANTED PRIVILEGES AS ORAL AND MAXILLOFACIAL SURGEONS. PRACTITIONERS OF DENTISTRY WHO HAVE NOT BEEN GRANTED PRIVILEGES AS ORAL AND MAXILLOFACIAL SURGEONS, MAY ADMIT PATIENTS TO THE HOSPITAL IF SUCH PATIENTS ARE BEING ADMITTED SOLELY TO RECEIVE CARE WHICH A DENTIST MAY PROVIDE WITHOUT MEDICAL ASSISTANCE PURSUANT TO THE SCOPE OF HIS OR HER PROFESSIONAL LICENSE. PRACTITIONERS OF DENTISTRY MUST, IN ALL OTHER CIRCUMSTANCES, CO-ADMIT PATIENTS WITH A PHYSICIAN MEMBER OF THE MEDICAL STAFF. MEMBERS OF THE MEDICAL STAFF WHO ONLY HAVE PRIVILEGES IN THE DEPARTMENT OF EMERGENCY SERVICES DO NOT HAVE ADMITTING PRIVILEGES. PSYCHOLOGISTS SHALL NOT HAVE ADMITTING PRIVILEGES. PRACTITIONERS OF PODIATRY MUST CO-ADMIT ALL PATIENTS WITH A MEMBER OF THE MEDICAL STAFF WHO IS A DOCTOR OF MEDICINE OR A DOCTOR OF OSTEOPATHIC MEDICINE.
- (b) ARE ASSESSED STAFF DUES AS ESTABLISHED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD.
- (c) ARE ELIGIBLE FOR ELECTED MEDICAL STAFF POSITIONS.
- (d) ARE REQUIRED TO SERVE ON COMMITTEES AS DESIGNATED BY THE CHIEF OF STAFF AND MEDICAL DIRECTOR AND TO ACCEPT EMERGENCY SERVICES ROTATION COVERAGE WHEN DESIGNATED BY THE CHAIR OF THEIR RESPECTIVE CLINICAL DIVISIONS OR IF NO CLINICAL DIVISION EXISTS, THEN THE CHIEF OF THE CLINICAL DEPARTMENT.
- (e) VOTE IN ALL MEDICAL STAFF AFFAIRS.
- (f) ARE REQUIRED TO ATTEND AT LEAST FIFTY PER CENT OF THE GENERAL MEDICAL STAFF MEETINGS AND FIFTY PER CENT OF THE MEETINGS OF COMMITTEES AND CLINICAL DEPARTMENTS OF WHICH THEY ARE MEMBERS.
- (g) SHALL RETAIN RESPONSIBILITY WITHIN THEIR AREA OF CLINICAL PRIVILEGES FOR THE CONTINUOUS CARE AND SUPERVISION OF EACH PATIENT IN THE HOSPITAL UNDER THEIR CARE, AND IF APPLICABLE, AN APPROPRIATE LEVEL OF CLINICAL SUPERVISION OF ALL STUDENTS, RESIDENTS, OR OTHER TRAINEES ASSIGNED TO THEM OR THEIR PATIENTS.

(E) THE COURTESY MEDICAL STAFF.

- (1) THE COURTESY STAFF CONSISTS OF PRACTITIONERS WHO ARE ELIGIBLE FOR MEDICAL STAFF MEMBERSHIP BUT WHO ONLY OCCASIONALLY ADMIT PATIENTS TO THE HOSPITAL OR ATTEND PATIENTS IN THE HOSPITAL.
- (2) MEMBERS OF THE COURTESY MEDICAL STAFF:
 - (a) MAY ADMIT NO MORE THAN TWELVE PATIENTS DURING ANY MEDICAL STAFF YEAR WITHOUT MAKING APPLICATION FOR MEMBERSHIP ON THE ACTIVE MEDICAL STAFF FOR THE NEXT MEDICAL STAFF YEAR;

- (b) MAY SEE NO MORE THAN TWELVE CONSULTS DURING ANY MEDICAL STAFF YEAR WITHOUT MAKING APPLICATION FOR ACTIVE MEDICAL STAFF MEMBERSHIP FOR THE NEXT MEDICAL STAFF YEAR;
- (c) ARE ASSESSED STAFF DUES;
- (d) ARE NOT ELIGIBLE FOR ELECTED MEDICAL STAFF POSITIONS (EXCEPT AS STATED UNDER PARAGRAPH (G)(3) OF RULE 3335-45-10 OF THE ADMINISTRATIVE CODE.
- (e) HAVE NO ASSIGNED DUTIES EXCEPT THOSE MUTUALLY AGREED TO WITH THE CHIEF OF STAFF AND MEDICAL DIRECTOR;
- (f) HAVE NO VOTE IN MEDICAL STAFF AFFAIRS UNLESS APPOINTED TO A MEDICAL STAFF COMMITTEE (EXCEPT AS STATED UNDER PARAGRAPH (E) OF RULE 3335-45-11 OF THE ADMINISTRATIVE CODE; AND
- (g) ARE NOT REQUIRED TO ATTEND MEDICAL STAFF MEETINGS.

(F) PROVISIONAL APPOINTMENTS.

- (1) EXCEPT AS OTHERWISE DETERMINED BY THE BOARD OR OTHERWISE SPECIFICALLY PROVIDED FOR IN THESE RULES, ALL INITIAL APPOINTMENTS TO ANY CATEGORY OF THE MEDICAL STAFF SHALL BE PROVISIONAL. EACH PRACTITIONER SHALL BE ASSIGNED TO A CLINICAL DEPARTMENT WHERE THAT PRACTITIONER'S PERFORMANCE SHALL BE OBSERVED BY THE CHIEF OF THE CLINICAL DEPARTMENT OR DESIGNEE, OR BY A COMMITTEE OF THE CLINICAL DEPARTMENT MEMBERS APPOINTED BY THE CHIEF OF THE CLINICAL DEPARTMENT, TO DETERMINE THE PRACTITIONER'S ELIGIBILITY FOR REGULAR STAFF MEMBERSHIP IN THE STAFF CATEGORY TO WHICH THE PRACTITIONER WAS PROVISIONALLY APPOINTED AND FOR EXERCISING THE CLINICAL PRIVILEGES PROVISIONALLY GRANTED. AN INITIAL APPOINTMENT AND ANY RENEWALS THEREOF SHALL REMAIN PROVISIONAL UNTIL THE APPOINTED PRACTITIONER HAS FURNISHED TO THE CREDENTIALS COMMITTEE AND TO THE MEDICAL DIRECTOR:
 - (a) A STATEMENT SIGNED BY THE CHAIR OF THE CLINICAL DEPARTMENT TO WHICH THE PRACTITIONER IS ASSIGNED AND OF EACH CLINICAL DEPARTMENT IN WHICH THE PRACTITIONER EXERCISES PRIVILEGES THAT THE PRACTITIONER MEETS ALL OF THE QUALIFICATIONS, HAS DISCHARGED ALL OF THE RESPONSIBILITIES AND HAS NOT EXCEEDED OR ABUSED THE PREROGATIVES OF THE STAFF CATEGORY TO WHICH THE PRACTITIONER WAS PROVISIONALLY APPOINTED; AND
 - (b) A STATEMENT SIGNED BY THE CHAIR OF THE CLINICAL DEPARTMENT THAT THE PRACTITIONER HAS DEMONSTRATED THE ABILITY TO EXERCISE THE CLINICAL PRIVILEGES PROVISIONALLY GRANTED.

THE CREDENTIALS COMMITTEE SHALL MAKE A RECOMMENDATION TO THE EXECUTIVE COMMITTEE REGARDING A PROVISIONAL PRACTITIONER'S PROMOTION IN STAFF STATUS AND THE EXECUTIVE COMMITTEE SHALL ACT ON SUCH RECOMMENDATION. TO THE EXTENT THAT SUCH RECOMMENDATION OF THE EXECUTIVE COMMITTEE IS ADVERSE, THE PRACTITIONER'S MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES

SHALL BE SUSPENDED AND THE PRACTITIONER SHALL BE ENTITLED TO DUE PROCESS RIGHTS AS SET FORTH IN RULE 3335-45-08 OF THE ADMINISTRATIVE CODE.

- (2) THE EXECUTIVE COMMITTEE MAY RECOMMEND TO THE BOARD THAT A CHANGE IN STAFF CATEGORY OF A CURRENT STAFF MEMBER OR THE GRANTING OF ADDITIONAL PRIVILEGES TO A CURRENT STAFF MEMBER BE MADE PROVISIONAL IN ACCORDANCE WITH THE PROCEDURES PROVIDED IN THIS PARAGRAPH FOR INITIAL APPOINTMENTS. SUCH PROVISIONAL GRANTS SHALL NOT BE CONSIDERED AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION GIVING RISE TO DUE PROCESS RIGHTS UNDER RULE 3335-45-08 OF THE ADMINISTRATIVE CODE.
- (3) PROVISIONAL STATUS SHALL BE FOR A PERIOD OF ONE YEAR, WHICH MAY BE RENEWED FOR AN ADDITIONAL SIX MONTH PERIOD AT THE DISCRETION OF THE CHAIR OF THE CLINICAL DEPARTMENT AND EXECUTIVE COMMITTEE.
- (4) PROVISIONAL APPOINTEES SHALL HAVE THE FOLLOWING PREROGATIVES:
 - (a) HAVE ADMITTING AND CLINICAL PRIVILEGES AS DESIGNATED BY THE BOARD IN THE INITIAL APPOINTMENT; PROVIDED HOWEVER, THOSE PRACTITIONERS OF DENTISTRY WHO HAVE NOT BEEN GRANTED PRIVILEGES AS ORAL AND MAXILLOFACIAL SURGEONS, AND PRACTITIONERS OF PODIATRY, MAY ONLY CO-ADMIT PATIENTS WITH A PHYSICIAN MEMBER OF THE MEDICAL STAFF, AND PSYCHOLOGISTS MAY NOT ADMIT PATIENTS;
 - (b) ARE NOT ASSESSED STAFF DUES;
 - (c) ARE NOT ELIGIBLE FOR ELECTED MEDICAL STAFF POSITIONS;
 - (d) ARE REQUIRED TO SERVE ON MEDICAL STAFF COMMITTEES TO WHICH THEY ARE APPOINTED;
 - (e) HAVE NO VOTE ON MEDICAL STAFF AFFAIRS (EXCEPT IN THE PRACTITIONER'S CAPACITY AS A MEDICAL STAFF COMMITTEE MEMBER); AND
 - (f) ARE REQUIRED TO ATTEND AT LEAST FIFTY PER CENT OF THE GENERAL MEDICAL STAFF MEETINGS AND FIFTY PER CENT OF THE MEETINGS OF COMMITTEES AND CLINICAL DEPARTMENTS TO WHICH THEY ARE ASSIGNED.
- (G) THE LIMITED MEDICAL STAFF.
 - (1) MEMBERS OF THE LIMITED MEDICAL STAFF ARE THOSE PRACTITIONERS WHO ARE PARTICIPATING IN EITHER A CLINICAL ROTATION AT THE HOSPITAL AS PART OF THEIR RESIDENCY TRAINING OR A FELLOWSHIP PROGRAM:
 - (a) CONDUCTED BY PRACTITIONERS OF THE MEDICAL STAFF IN GOOD STANDING; AND
 - (b) APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD.
 - (2) MEMBERS OF THE LIMITED MEDICAL STAFF CATEGORY:
 - (a) CANNOT ADMIT PATIENTS.

- (b) MAY PROVIDE ROUTINE AND EMERGENCY PATIENT CARE UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF.
 - (c) ARE NOT ELIGIBLE FOR ELECTED MEDICAL STAFF POSITIONS.
 - (d) HAVE NO VOTE IN MEDICAL STAFF AFFAIRS.
 - (e) ARE NOT REQUIRED TO ATTEND MEDICAL STAFF MEETINGS.
 - (f) ARE NOT REQUIRED TO PAY DUES.
 - (g) CLINICAL PRIVILEGES WILL BE IMMEDIATELY TERMINATED WITHOUT APPEAL WHEN THE LIMITED MEDICAL STAFF MEMBER IS NO LONGER A PARTICIPANT IN THE RESIDENCY OR FELLOWSHIP PROGRAM.
 - (h) THEY SHALL FOLLOW ALL RULES OF THE CLINICAL DEPARTMENT TO WHICH THEY ARE ASSIGNED, AS WELL AS HOSPITAL RULES, INCLUDING BUT NOT LIMITED TO REQUIREMENT THAT CONSULTATION SHALL BE OBTAINED WITH THE ACTIVE MEDICAL STAFF MEMBER RESPONSIBLE FOR THE CARE OF THE PATIENT BEFORE UNDERTAKING A PROCEDURE OR TREATMENT THAT CARRIES A SIGNIFICANT RISK TO THE PATIENT, UNLESS THIS CONSULTATION WOULD CAUSE A DELAY THAT WOULD JEOPARDIZE THE LIFE OR HEALTH OF THE PATIENT.
 - (i) THEY WILL BE EXPECTED TO MAKE SATISFACTORY PROFESSIONAL PROGRESS WITHIN THEIR TRAINING PROGRAM. FAILURE TO MEET REASONABLE EDUCATIONAL OR ACADEMIC EXPECTATIONS SHALL BE REPORTED TO THE CHIEF OF THE CLINICAL DEPARTMENT WHO SHALL FORWARD SUCH FAILURE TO THEIR RESIDENCY PROGRAM DIRECTOR AND THEREAFTER CORRECTIVE ACTION OR SANCTION SHALL OCCUR WITHIN THE ACADEMIC PROGRAMS AS ESTABLISHED BY THE OHIO STATE UNIVERSITY AND THE UNIVERSITY LIMITED MEDICAL STAFF CONTRACT. HOWEVER, ALLEGATIONS OF PATIENT CARE MISCONDUCT WHICH FALL OUTSIDE OF THE PROFESSIONAL EDUCATIONAL STANDARDS, SHALL BE HANDLED IN ACCORDANCE WITH THESE RULES.
 - (j) ALL MEMBERS OF THE LIMITED MEDICAL STAFF, WITH THE EXCEPTION OF DENTISTRY, SHALL MAKE WRITTEN APPLICATION FOR AN OHIO LICENSE WITHIN ONE YEAR AFTER BECOMING ELIGIBLE, AND SHALL THEREAFTER OBTAIN AND MAINTAIN LICENSURE IN OHIO DURING THE TERM OF THEIR POSTDOCTORAL EDUCATION.
- (3) PRIVILEGES REMAIN IN EFFECT UNTIL THE COMPLETION OR TERMINATION OF THE RESIDENCY TRAINING PROGRAM OR FELLOWSHIP AT WHICH TIME THE PHYSICIAN IN THIS CATEGORY IS REQUIRED TO APPLY FOR PROVISIONAL STAFF PRIVILEGES IF HE/SHE WISHES TO CONTINUE ON THE MEDICAL STAFF.
 - (4) NOTHING IN THIS RULE SHALL LIMIT THE ABILITY OF THE MEDICAL DIRECTOR OR DESIGNEE TO GRANT TEMPORARY PRIVILEGES PURSUANT TO PARAGRAPH (D) OF RULE 3335-45-06 OF THE ADMINISTRATIVE CODE.
 - (5) WHEN THE LIMITED MEDICAL STAFF MEMBER NO LONGER PARTICIPATES IN THE TRAINING PROGRAM, ALL CLINICAL PRIVILEGES CEASE WITHOUT RIGHTS OF APPEAL.

(H) STAFF PROMOTIONS.

- (1) PROVISIONAL APPOINTMENT PROMOTIONS WILL BE DONE IN ACCORDANCE WITH THE PROVISIONS OF PARAGRAPH (F) OF THIS RULE.
- (2) ANY REQUESTS FOR ADVANCEMENT IN MEDICAL STAFF CATEGORY SHALL BE MADE IN WRITING TO THE MEDICAL DIRECTOR OR DESIGNEE. ALL REQUESTS FOR ADVANCEMENT SHALL BE PROCESSED IN THE SAME MANNER AS AN APPLICATION FOR INITIAL APPOINTMENT AS SET FORTH IN PARAGRAPHS (B) TO (D) OF RULE 3335-45-04 OF THE ADMINISTRATIVE CODE.
- (3) A REQUEST FOR CHANGE OF STATUS TO THE HONORARY OR CONSULTING CATEGORY SHALL BE MADE IN WRITING TO THE MEDICAL DIRECTOR OR DESIGNEE AND PROCESSED IN THE SAME MANNER AS A REQUEST FOR ADVANCEMENT.

(I) PEER REVIEW MEDICAL STAFF.

- (1) MEMBERS OF THE PEER REVIEW MEDICAL STAFF ARE APPOINTED BY THE MEDICAL DIRECTOR AND CHIEF OF STAFF WITH APPROVAL BY THE EXECUTIVE COMMITTEE AND BOARD.
- (2) MEMBERS WILL GENERALLY BE APPOINTED FOR A SPECIFIC AND TIME LIMITED PEER REVIEW TASKS.
- (3) MEMBERS CAN NOT RENDER PATIENT CARE OTHER THAN BY OBSERVING OR ASSISTING THE MEDICAL STAFF MEMBER(S) BEING REVIEWED.
- (4) MEMBERS ENJOY FULL PROTECTION OF THE PEER REVIEW PROCESS UNDER OHIO LAW AND ARE BOUND BY CONFIDENTIALITY RULES OF OHIO LAW.

3335-45-06 CLINICAL PRIVILEGES.

(A) DELINEATION OF CLINICAL PRIVILEGES.

- (1) EVERY PRACTITIONER PRACTICING AT THE HOSPITAL BY VIRTUE OF MEDICAL STAFF MEMBERSHIP OR UNDER AUTHORITY GRANTED IN THESE RULES SHALL BE ENTITLED TO EXERCISE ONLY THOSE CLINICAL PRIVILEGES SPECIFICALLY APPLIED FOR AND GRANTED TO THE PRACTITIONER BY THE BOARD, EXCEPT AS PROVIDED FOR IN THIS RULE. REQUEST FOR THE EXERCISE AND DELINEATION OF CLINICAL PRIVILEGES MUST BE MADE AS PART OF EACH APPLICATION FOR APPOINTMENT OR REAPPOINTMENT TO THE MEDICAL STAFF ON THE APPROVED FORMS PROVIDED BY THE EXECUTIVE COMMITTEE. REQUESTS MUST BE SUBMITTED IN ACCORDANCE WITH RULE 3335-45-04 OF THE ADMINISTRATIVE CODE AND WILL BE REVIEWED IN ACCORDANCE WITH THE PROVISIONS OF RULE 3335-45-04 OF THE ADMINISTRATIVE CODE.
- (2) EACH CLINICAL DEPARTMENT WILL DEVELOP CLINICAL CRITERIA AND STANDARDS FOR THE EVALUATION OF PRIVILEGES AS PROVIDED FOR IN RULE 3335-45-04 OF THE ADMINISTRATIVE CODE AND PARAGRAPH (B)(4)(d) OF RULE 3335-45-12 OF THE ADMINISTRATIVE CODE WITH EMPHASIS ON INVASIVE OR THERAPEUTIC PROCEDURES OR TREATMENT WHICH PRESENTS SIGNIFICANT RISK TO THE PATIENT OR FOR WHICH SPECIFIC PROFESSIONAL TRAINING OR EXPERIENCE IS REQUIRED. REQUESTS FOR CLINICAL PRIVILEGES WILL BE EVALUATED BASED UPON THE APPLICANT'S EDUCATION, TRAINING, EXPERIENCE, DEMONSTRATED COMPETENCE,

REFERENCES, AND OTHER RELEVANT INFORMATION, INCLUDING THE DIRECT OBSERVATION AND REVIEW OF RECORDS OF THE APPLICANT'S PERFORMANCE BY THE CLINICAL DEPARTMENT IN WHICH THE PRIVILEGES ARE EXERCISED. WHENEVER POSSIBLE, THE REVIEW SHOULD BE A PRIMARY SOURCE OF INFORMATION. THE APPLICANT HAS THE BURDEN OF ESTABLISHING THE QUALIFICATIONS FOR THE PRIVILEGES REQUESTED.

- (3) ALL CLINICAL PRIVILEGES GRANTED TO PRACTITIONERS SHALL BE DELINEATED WITH SUFFICIENT SPECIFICITY TO ENSURE THAT A PRACTITIONER DOES NOT TREAT A PATIENT IN THE HOSPITAL OUTSIDE THE PRACTITIONER'S AREA OF DEMONSTRATED COMPETENCE.
- (4) CLINICAL PRIVILEGES GRANTED TO A PRACTITIONER ARE MONITORED THROUGH THE ESTABLISHED QUALITY ASSURANCE PROGRAM AND VARIANCES ARE REFERRED TO THE APPROPRIATE PEER REVIEW BODY FOR REVIEW AND ACTION.

(B) SPECIAL PRIVILEGES.

UNDER SPECIAL CIRCUMSTANCES, PRIVILEGES AT THE HOSPITAL MAY BE GRANTED TO A DOCTOR OF MEDICINE, OSTEOPATHIC MEDICINE, DENTAL SURGERY, AND TO A PRACTITIONER OF PSYCHOLOGY OR PODIATRY BY THE MEDICAL DIRECTOR WITH THE CONCURRENCE OF THE CHIEF OF THE CLINICAL DEPARTMENT OR DESIGNEE WHERE THE PRACTITIONER IS TO EXERCISE PRIVILEGES. THE EXTENT OF PRIVILEGES WILL BE GOVERNED BY THE APPLICANT'S TRAINING AND EXPERIENCE AND WILL BE IN KEEPING WITH CLINICAL DEPARTMENT GUIDELINES. THE DURATION OF PRIVILEGES WILL BE DETERMINED BY THE MEDICAL DIRECTOR. THE GRANTING AND DELINEATION OF PRIVILEGES SHALL BE CONSISTENT WITH THE APPLICATION PROCEDURES FOR CLINICAL PRIVILEGES SET FORTH IN THESE RULES.

SPECIAL PRIVILEGES MAY BE EXTENDED UPON THE RECOMMENDATION OF THE CHIEF OF THE CLINICAL DEPARTMENT, WITH THE CONCURRENCE OF THE MEDICAL DIRECTOR, ONLY FOR MEMBERS OF THE LIMITED STAFF WHO ARE NOT EMPLOYED BY THE HOSPITAL, TO PERMIT THEM TO SATISFY APPROVED GRADUATE MEDICAL EDUCATION CLINICAL ROTATIONS OF ONE HUNDRED TWENTY DAYS OR LESS AT THE HOSPITAL. ALL REQUIREMENTS FOR SPECIAL PRIVILEGES MUST BE SATISFIED.

SPECIAL PRIVILEGES WILL BE EXTENDED TO VISITING MEDICAL FACULTY OR FOR SPECIAL ACTIVITIES AS PROVIDED BY THE STATE MEDICAL OR DENTAL BOARDS.

(C) PODIATRIC PRIVILEGES.

ALL PATIENTS ADMITTED FOR PODIATRIC CARE SHALL RECEIVE THE SAME MEDICAL APPRAISAL AS ALL OTHER HOSPITALIZED PATIENTS. A MEMBER OF THE MEDICAL STAFF WHO IS A DOCTOR OF MEDICINE OR OSTEOPATHIC MEDICINE SHALL CO-ADMIT THE PATIENT AND BE RESPONSIBLE FOR THE HISTORY AND PHYSICAL AND MEDICAL CARE THAT MAY BE REQUIRED AT THE TIME OF ADMISSION OR THAT MAY ARISE DURING HOSPITALIZATION, AND SHALL DETERMINE THE NEED OF ANY PROPOSED PROCEDURE ON THE TOTAL HEALTH STATUS OF THE PATIENT. THE PODIATRIST WILL BE RESPONSIBLE FOR THE PODIATRIC CARE OF THE PATIENT INCLUDING THE PODIATRIC HISTORY AND PHYSICAL EXAMINATION AND ALL APPROPRIATE ELEMENTS OF THE PATIENT'S RECORD. ANY PROPOSED PROCEDURES BY THE PODIATRIST MUST BE APPROVED BY, AND UNDER THE DIRECT SUPERVISION OF, AN ACTIVE MEMBER OF THE MEDICAL STAFF WHO IS A DOCTOR OF MEDICINE OR OSTEOPATHIC MEDICINE.

(D) PSYCHOLOGY PRIVILEGES.

PSYCHOLOGISTS SHALL BE GRANTED CLINICAL PRIVILEGES BASED UPON THEIR TRAINING, EXPERIENCE AND DEMONSTRATED COMPETENCE AND JUDGMENT CONSISTENT WITH THEIR LICENSE TO PRACTICE. THEY WILL NOT PRESCRIBE DRUGS, OR PERFORM SURGICAL PROCEDURES, OR IN ANY OTHER WAY PRACTICE OUTSIDE THE AREA OF THEIR APPROVED CLINICAL PRIVILEGES OR EXPERTISE. PSYCHOLOGISTS MAY NOT ADMIT PATIENTS TO THE HOSPITAL. IN INPATIENT SETTINGS THEY MAY DIAGNOSE AND TREAT A PATIENT'S PSYCHOLOGICAL ILLNESS AS PART OF THE PATIENT'S COMPREHENSIVE CARE. ALL PATIENTS ADMITTED FOR PSYCHOLOGICAL CARE SHALL RECEIVE THE SAME MEDICAL APPRAISAL AS ALL OTHER HOSPITALIZED PATIENTS. A MEMBER OF THE MEDICAL STAFF WHO IS A DOCTOR OF MEDICINE OR OSTEOPATHIC MEDICINE SHALL ADMIT THE PATIENT AND BE RESPONSIBLE FOR THE HISTORY AND PHYSICAL AND MEDICAL CARE THAT MAY BE REQUIRED DURING THE HOSPITALIZATION, AND SHALL DETERMINE THE APPROPRIATENESS OF ANY PSYCHOLOGICAL THERAPY ON THE TOTAL HEALTH STATUS OF THE PATIENT. PSYCHOLOGISTS MAY PROVIDE CONSULTATION WITHIN THEIR AREA OF EXPERTISE ON THE CARE OF PATIENTS WITHIN UNIVERSITY HOSPITALS.

IN OUTPATIENT SETTINGS, THEY WILL DIAGNOSE AND TREAT THEIR PATIENT'S PSYCHOLOGICAL ILLNESS. THEY WILL ENSURE THAT THEIR PATIENTS RECEIVE REFERRAL FOR APPROPRIATE MEDICAL CARE.

PSYCHOLOGISTS WILL BE RESPONSIBLE TO THE CHIEF OF THE CLINICAL DEPARTMENT IN WHICH THEY ARE APPOINTED.

(E) DENTAL PRIVILEGES.

PRACTITIONERS OF DENTISTRY, WHO HAVE NOT BEEN GRANTED PRIVILEGES AS ORAL AND MAXILLOFACIAL SURGEONS, MAY ADMIT PATIENTS TO THE HOSPITAL IF SUCH PATIENTS ARE BEING ADMITTED SOLELY TO RECEIVE CARE WHICH A DENTIST MAY PROVIDE WITHOUT MEDICAL ASSISTANCE, PURSUANT TO THE SCOPE OF THE PROFESSIONAL LICENSE OF THE DENTIST. PRACTITIONERS OF DENTISTRY AND/OR PODIATRY MUST, IN ALL OTHER CIRCUMSTANCES CO-ADMIT PATIENTS WITH A PHYSICIAN MEMBER OF THE MEDICAL STAFF. A PHYSICIAN MEMBER OF THE MEDICAL STAFF WILL BE RESPONSIBLE FOR ANY MEDICAL PROBLEMS THAT THE PATIENT HAS WHILE AN INPATIENT OF THE HOSPITAL.

(F) TEMPORARY PRIVILEGES.

(1) THE MEDICAL DIRECTOR OR DESIGNEE, WITH THE CONCURRENCE OF THE CHIEF OF THE CLINICAL DEPARTMENT WHERE THE PRACTITIONER WILL BE EXERCISING CLINICAL PRIVILEGES, MAY GRANT TEMPORARY PRIVILEGES TO A PRACTITIONER UNDER THE FOLLOWING CIRCUMSTANCES:

- (a) WHEN THE MEDICAL DIRECTOR BELIEVES CIRCUMSTANCES WARRANT GRANTING TEMPORARY PRIVILEGES TO A PRACTITIONER DURING THE PROCESSING OF THE PRACTITIONER'S APPLICATION FOR INITIAL APPOINTMENT OR REAPPOINTMENT TO THE MEDICAL STAFF; OR
- (b) TO A PRACTITIONER WHO IS NOT AN APPLICANT FOR MEDICAL STAFF MEMBERSHIP FOR THE CARE OF A SPECIFIC PATIENT. IF THE MEDICAL DIRECTOR AND THE CHIEF OF THE APPLICABLE CLINICAL DEPARTMENT MUTUALLY AGREE THAT A PRACTITIONER'S USE OF TEMPORARY PRIVILEGES UNDER THIS PARAGRAPH HAS BECOME EXCESSIVE, THE MEDICAL DIRECTOR AND THE CHIEF OF THE APPLICABLE CLINICAL DEPARTMENT MAY REQUIRE THAT THE

PRACTITIONER APPLY FOR MEMBERSHIP ON THE MEDICAL STAFF
BEFORE ATTENDING ADDITIONAL PATIENTS IN THE HOSPITAL.

- (2) ALL PRACTITIONERS REQUESTING TEMPORARY PRIVILEGES MUST HAVE A VALID OHIO LICENSE AND CURRENT MALPRACTICE INSURANCE COVERAGE. THE PRACTITIONER MUST PROVIDE EVIDENCE OF CURRENT COMPETENCE IN THE AREAS IN WHICH HE OR SHE IS REQUESTING PRIVILEGES. THE EVIDENCE OF COMPETENCY OFFERED BY THE PRACTITIONER SHOULD THEN BE VERIFIED AT THE PRIMARY SOURCE(S) PRIOR TO GRANTING THE PRIVILEGES REQUESTED.
 - (3) SPECIAL REQUIREMENTS OF SUPERVISION AND REPORTING MAY BE IMPOSED BY THE MEDICAL DIRECTOR WITH THE CONCURRENCE OF THE CHIEF OF THE CLINICAL DEPARTMENT WHERE THE PRACTITIONER IS EXERCISING CLINICAL PRIVILEGES ON ANY PRACTITIONER GRANTED TEMPORARY PRIVILEGES.
 - (4) TEMPORARY PRIVILEGES MAY BE TERMINATED BY THE MEDICAL DIRECTOR OR DESIGNEE, WITH THE CONCURRENCE OF THE CHIEF OF THE CLINICAL DEPARTMENT WHERE THE PRACTITIONER IS EXERCISING CLINICAL PRIVILEGES, AT ANY TIME FOR ANY REASON WITHOUT PRIOR NOTICE TO THE PRACTITIONER, AND THE PRACTITIONER IS NOT ENTITLED TO ANY RIGHT OF APPEAL OF THE DENIAL OR TERMINATION OF TEMPORARY PRIVILEGES.
 - (5) TEMPORARY PRIVILEGES AUTOMATICALLY EXPIRE AFTER NINETY DAYS AND MAY NOT BE RE-GRANTED UNTIL THE REASON FOR THE DELAY IN THE GRANTING OF FULL PRIVILEGES IS INVESTIGATED.
- (G) EMERGENCY PRIVILEGES.
- (1) FOR THE PURPOSE OF THIS PARAGRAPH, AN "EMERGENCY" IS DEFINED AS A CONDITION IN WHICH SERIOUS OR PERMANENT HARM WOULD RESULT TO A PATIENT OR IN WHICH THE LIFE OF A PATIENT IS IN IMMEDIATE DANGER AND ANY DELAY IN ADMINISTERING TREATMENT WOULD ADD TO THE DANGER.
 - (2) IN THE CASE OF AN EMERGENCY, ANY PRACTITIONER, TO THE DEGREE PERMITTED BY THE PRACTITIONER'S LICENSE, SHALL BE PERMITTED AND ASSISTED TO DO EVERYTHING POSSIBLE TO TREAT A PATIENT, USING ANY NECESSARY FACILITIES OF THE HOSPITAL AND INCLUDING THE CALLING OF ANY CONSULTATION NECESSARY OR DESIRABLE.
 - (3) WHEN AN EMERGENCY SITUATION NO LONGER EXISTS, THE PRACTITIONER MUST REQUEST THE PRIVILEGES NECESSARY TO CONTINUE TO TREAT THE PATIENT. IN THE EVENT SUCH PRIVILEGES ARE DENIED OR THE PRACTITIONER DOES NOT DESIRE TO REQUEST PRIVILEGES, THE PATIENT SHALL BE ASSIGNED BY THE CHIEF OF THE APPROPRIATE CLINICAL DEPARTMENT TO AN APPROPRIATE MEMBER OF THE MEDICAL STAFF.
- 3335-45-07 CORRECTIVE ACTION, SUMMARY SUSPENSION AND AUTOMATIC SUSPENSION.
- (A) INITIATION OF CORRECTIVE ACTION.
- (1) WHENEVER THE ACTIVITY OR PROFESSIONAL CONDUCT OF ANY PRACTITIONER WITH CLINICAL PRIVILEGES, WHETHER OCCURRING WITHIN THE HOSPITAL OR AT ANOTHER LOCATION:

- (a) VIOLATES THE STANDARDS OR AIMS OF THE MEDICAL STAFF OR STANDARDS OF PROFESSIONAL CONDUCT;
- (b) IS CONSIDERED TO BE DISRUPTIVE TO THE OPERATION OF THE HOSPITAL;
- (c) VIOLATES THESE MEDICAL STAFF BYLAWS OR RULES AND REGULATIONS OF THE MEDICAL STAFF, THE BOARD, THE OHIO STATE UNIVERSITY HOSPITALS BOARD OR THE OHIO STATE UNIVERSITY BOARD OF TRUSTEES;
- (d) VIOLATES STATE OR FEDERAL LAW; OR
- (e) ARE A POSSIBLE THREAT TO THE WELL-BEING OF PATIENTS IN OR EMPLOYEES OF THE HOSPITAL, OR ARE DISRUPTIVE TO THE ABILITY OF THE HOSPITAL TO PROVIDE QUALITY CARE ACCORDING TO PROFESSIONAL STANDARDS.

CORRECTIVE ACTION MAY BE REQUESTED IN ACCORDANCE WITH PARAGRAPH (A)(2) OF THIS RULE BY ANY OFFICER OF THE MEDICAL STAFF, THE CHIEF OF ANY MEDICAL STAFF CLINICAL DEPARTMENT, THE CHAIR OF ANY STANDING COMMITTEE OF THE MEDICAL STAFF, THE CHIEF EXECUTIVE OFFICER, THE MEDICAL DIRECTOR, OR THE DEAN.

- (2) A REQUEST FOR CORRECTIVE ACTION SHALL BE MADE IN WRITING AND SHALL STATE THE SPECIFIC ACTIVITIES OR CONDUCT FORMING THE BASIS FOR THE REQUEST. A REQUEST FOR CORRECTIVE ACTION SHALL BE DELIVERED TO THE MEDICAL DIRECTOR WHO SHALL FORWARD THE REQUEST TO THE EXECUTIVE COMMITTEE.
- (3) WITHIN SEVEN DAYS FOLLOWING RECEIPT OF A REQUEST FOR CORRECTIVE ACTION, THE EXECUTIVE COMMITTEE SHALL ESTABLISH AN AD HOC COMMITTEE TO INVESTIGATE THE REQUEST. THE AD HOC COMMITTEE SHALL BE COMPRISED OF:
 - (a) ONE MEMBER OF THE MEDICAL STAFF APPOINTED BY THE DEAN;
 - (b) THE CHIEF OF THE RELEVANT CLINICAL DEPARTMENT (OR THE CHIEF'S DESIGNEE); AND
 - (c) ONE MEMBER OF THE MEDICAL STAFF APPOINTED BY THE MEDICAL DIRECTOR.

NOTWITHSTANDING THE FOREGOING, IF THE REQUEST FOR CORRECTIVE ACTION INVOLVES THE CHIEF OF THE CLINICAL DEPARTMENT, THE CHIEF OF STAFF SHALL APPOINT ANOTHER MEMBER TO SERVE ON THE AD HOC COMMITTEE. IN ADDITION, IF THE REQUEST FOR CORRECTIVE ACTION INVOLVES THE CHIEF OF STAFF, THE EXECUTIVE COMMITTEE, WITHOUT THE PARTICIPATION OF THE CHIEF OF STAFF, SHALL MAKE THE AD HOC COMMITTEE APPOINTMENTS WHICH WOULD OTHERWISE BE MADE BY THE CHIEF OF STAFF. IF THE REQUEST FOR CORRECTIVE ACTION INVOLVES THE MEDICAL DIRECTOR OR THE DEAN, THE CHIEF OF STAFF SHALL MAKE THE AD HOC COMMITTEE APPOINTMENTS WHICH WOULD OTHERWISE BE MADE AS PROVIDED ABOVE.

(B) INVESTIGATION.

- (1) UPON ITS APPOINTMENT, THE AD HOC COMMITTEE WILL IMMEDIATELY PROCEED TO INVESTIGATE, IN ANY MANNER IT DEEMS APPROPRIATE, THE

ALLEGATIONS CONTAINED IN THE REQUEST FOR CORRECTIVE ACTION. IN CONDUCTING ITS INVESTIGATION, THE AD HOC COMMITTEE MAY, BUT IS NOT REQUIRED TO: INTERVIEW THE AFFECTED PRACTITIONER; INTERVIEW ANY OTHER INDIVIDUALS WHO MAY HAVE INFORMATION PERTINENT TO THE INVESTIGATION; REVIEW ANY RELEVANT MEDICAL RECORDS; REVIEW ANY RELEVANT QUALITY IMPROVEMENT DATA OR STUDIES; OBTAIN THE REVIEW OF THE RELEVANT MEDICAL RECORDS BY AN INDIVIDUAL WITHIN THE SAME OR SIMILAR SPECIALTY AS THE AFFECTED PRACTITIONER; AND UNDERTAKE ANY OTHER ACTIONS WHICH ARE INTENDED TO PROVIDE INFORMATION RELEVANT TO THE INVESTIGATION. THE AD HOC COMMITTEE SHALL ATTEMPT TO DETERMINE THE FACTS SURROUNDING THE REQUEST FOR CORRECTIVE ACTION, AND WHETHER CORRECTIVE ACTION IS APPROPRIATE UNDER THE CIRCUMSTANCES. IF FORMAL CORRECTIVE ACTION IS NOT NECESSARY OR APPROPRIATE, THE AD HOC COMMITTEE SHALL WORK WITH THE AFFECTED PRACTITIONER AND THE PERSON REQUESTING THE CORRECTIVE ACTION TO INFORMALLY RESOLVE THE PROBLEMS OR CONCERNS RESULTING IN THE REQUEST FOR CORRECTIVE ACTION. THE AD HOC COMMITTEE'S INVESTIGATION AND ANY INTERVIEWS CONDUCTED SHALL NOT CONSTITUTE A HEARING AND NONE OF THE PROCEDURAL RULES PROVIDED IN THESE RULES WITH RESPECT TO A HEARING SHALL APPLY.

- (2) WITHIN FOURTEEN DAYS AFTER ITS APPOINTMENT, OR WITHIN TEN DAYS AFTER ITS APPOINTMENT IN THE CASE OF A SUMMARY SUSPENSION UNDER PARAGRAPH (D)(3)(b) OF THIS RULE, THE AD HOC COMMITTEE WILL PREPARE A WRITTEN REPORT OF ITS INVESTIGATION, FACTUAL FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AS TO WHAT ACTION, IF ANY, SHOULD BE TAKEN REGARDING THE REQUEST FOR CORRECTIVE ACTION. THE AD HOC COMMITTEE MAY RECOMMEND ONE OR MORE OF THE FOLLOWING ACTIONS:
 - (a) THE REQUEST FOR CORRECTIVE ACTION BE DISMISSED BECAUSE NO FORMAL ACTION IS NECESSARY OR APPROPRIATE;
 - (b) THE REQUEST FOR CORRECTIVE ACTION BE REJECTED AS WITHOUT BASIS;
 - (c) THE REQUEST FOR CORRECTIVE ACTION BE MODIFIED;
 - (d) THE REQUEST FOR CORRECTIVE ACTION BE ACCEPTED AND ANY OF THE FOLLOWING PROFESSIONAL REVIEW ACTIONS BE TAKEN:
 - (i) THE PRACTITIONER BE ISSUED A WARNING;
 - (ii) THE PRACTITIONER BE FORMALLY REPRIMANDED;
 - (iii) THAT SPECIFIC TERMS OF PROBATION BE IMPOSED UPON THE PRACTITIONER;
 - (iv) THAT THE PRACTITIONER BE REQUIRED TO OBTAIN MEDICAL, PSYCHIATRIC OR SUBSTANCE ABUSE CONSULTATION AND/OR TREATMENT DUE TO INDICATIONS THAT THE PRACTITIONER HAS A PHYSICAL, MENTAL OR SUBSTANCE ABUSE PROBLEM THAT MAY AFFECT THE PRACTITIONER'S ABILITY TO PROVIDE QUALITY PATIENT CARE IN THE HOSPITAL, OR TO WORK WITH OTHER MEMBERS OF THE MEDICAL STAFF OR HOSPITAL EMPLOYEES IN A WAY THAT ENSURES MEDICAL CARE ACCORDING TO PROFESSIONAL STANDARDS;

- (v) THAT THE PRACTITIONER'S CLINICAL PRIVILEGES BE MODIFIED, REDUCED, SUSPENDED OR REVOKED;
- (vi) THAT AN ALREADY IMPOSED SUMMARY SUSPENSION OF CLINICAL PRIVILEGES BE TERMINATED, MODIFIED OR SUSTAINED; OR
- (vii) THAT THE PRACTITIONER'S MEDICAL STAFF MEMBERSHIP BE SUSPENDED OR REVOKED.

IN ADDITION, IN THE CASE OF A SUMMARY SUSPENSION UNDER PARAGRAPH (D)(3)(b) OF THIS RULE, THE AD HOC COMMITTEE SHALL MAKE A FINDING AS TO WHETHER OR NOT THE PRACTITIONER'S EXERCISE OF CLINICAL PRIVILEGES MAY RESULT IN AN IMMINENT DANGER TO THE HEALTH OF ANY INDIVIDUAL. IF THE AD HOC COMMITTEE FINDS THAT THE PRACTITIONER'S EXERCISE OF PRIVILEGES MAY RESULT IN SUCH DANGER, THE SUMMARY SUSPENSION SHALL CONTINUE IN EFFECT UNTIL THE CONCLUSION OF THE CORRECTIVE ACTION PROCESS AND ANY HEARING AND APPEAL. OTHERWISE, THE SUMMARY SUSPENSION SHALL TERMINATE BY ITS OWN TERMS.

- (3) THE REPORT AND RECOMMENDATION OF THE AD HOC COMMITTEE SHALL BE DELIVERED BY THE MEDICAL DIRECTOR TO THE EXECUTIVE COMMITTEE, AND A COPY SHALL BE SENT TO THE AFFECTED PRACTITIONER BY CERTIFIED MAIL RETURN RECEIPT REQUESTED. THE AFFECTED PRACTITIONER SHALL BE ADVISED THAT, WITHIN TEN DAYS FROM ITS RECEIPT, HE OR SHE MAY RESPOND IN WRITING TO THE AD HOC COMMITTEE'S REPORT AND RECOMMENDATION, BY DELIVERING THE WRITTEN RESPONSE TO THE MEDICAL DIRECTOR OR THE MEDICAL DIRECTOR'S DESIGNEE.

(C) ACTION ON AD HOC COMMITTEE RECOMMENDATIONS.

- (1) AT THE NEXT REGULARLY SCHEDULED MEETING OF THE EXECUTIVE COMMITTEE AFTER THE TIME FOR SUBMITTING WRITTEN COMMENTS HAS EXPIRED, OR AT A SPECIAL MEETING CALLED FOR THIS PURPOSE, THE EXECUTIVE COMMITTEE SHALL REVIEW THE REPORT AND RECOMMENDATION OF THE AD HOC COMMITTEE, THE WRITTEN COMMENTS, IF ANY, SUBMITTED BY THE AFFECTED PRACTITIONER, AND ANY OTHER SUPPORTING INFORMATION SUBMITTED BY AD HOC COMMITTEE OR THE AFFECTED PRACTITIONER. THE EXECUTIVE COMMITTEE SHALL TAKE SUCH ACTION OR MAKE SUCH RECOMMENDATION TO THE BOARD ON THE REQUEST FOR CORRECTIVE ACTION, AS IT DETERMINES TO BE APPROPRIATE INCLUDING ANY AND ALL SUCH ACTIONS AND RECOMMENDATIONS AS ARE DESCRIBED IN PARAGRAPH (B)(2) OF THIS RULE.
- (2) THE MEDICAL DIRECTOR SHALL NOTIFY THE PRACTITIONER OF THE RECOMMENDATION AND, IN THE CASE OF A RECOMMENDATION WHICH MAY ADVERSELY AFFECT THE PRACTITIONER'S STATUS AS A MEMBER OF THE MEDICAL STAFF OR EXERCISE OF CLINICAL PRIVILEGES, THE RIGHT TO A HEARING UNDER RULE 3335-45-08 OF THE ADMINISTRATIVE CODE. SUCH NOTIFICATION SHALL BE SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. THE EXECUTIVE COMMITTEE'S RECOMMENDATION SHALL NOT BE TRANSMITTED TO THE BOARD UNTIL THE PRACTITIONER HAS EXERCISED OR WAIVED THE APPLICABLE HEARING AND APPEAL RIGHTS UNDER RULE 3335-45-08 OF THE ADMINISTRATIVE CODE.

(D) SUMMARY SUSPENSION.

- (1) UPON THE RECOMMENDATION OR CONCURRENCE OF EITHER THE CHIEF OF A CLINICAL DEPARTMENT, THE CHIEF OF STAFF, THE EXECUTIVE COMMITTEE OR THE BOARD, THE MEDICAL DIRECTOR MAY SUSPEND ALL OR A PORTION OF THE CLINICAL PRIVILEGES OF A PRACTITIONER, EFFECTIVE IMMEDIATELY, WITHOUT PRIOR NOTICE OR OPPORTUNITY FOR A HEARING. SUCH A SUMMARY SUSPENSION SHALL BE IMPOSED WHEN IMMEDIATE ACTION IS NECESSARY OR APPROPRIATE IN THE BEST INTEREST OF THE PATIENTS IN THE HOSPITAL OR IN THE BEST INTEREST AND SAFETY OF MEDICAL STAFF MEMBERS OR HOSPITAL EMPLOYEES.
- (2) THE MEDICAL DIRECTOR SHALL IMMEDIATELY GIVE NOTICE OF SUCH SUMMARY SUSPENSION TO THE AFFECTED PRACTITIONER BY HAND DELIVERY AND BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. IN ADDITION, THE MEDICAL DIRECTOR SHALL NOTIFY THE CHIEF EXECUTIVE OFFICER AND THE EXECUTIVE COMMITTEE OF THE SUMMARY SUSPENSION.
- (3) THE EXECUTIVE COMMITTEE SHALL REVIEW THE SUMMARY SUSPENSION WITHIN SEVENTY-TWO HOURS OF ITS IMPOSITION AND EITHER:
 - (a) LIFT THE SUMMARY SUSPENSION;
 - (b) MAINTAIN OR MODIFY THE SUMMARY SUSPENSION FOR A TOTAL PERIOD OF UP TO TEN DAYS WHILE THE INVESTIGATION PROCESS SET FORTH IN PARAGRAPH (B) OF THIS RULE PROCEEDS; OR
 - (c) MAINTAIN OR MODIFY THE SUMMARY SUSPENSION FOR AN INDEFINITE PERIOD OF TIME, UNTIL THE CONCLUSION OF THE CORRECTIVE ACTION PROCESS AND ANY HEARING AND APPEAL, BASED UPON THE EXECUTIVE COMMITTEE'S CONCLUSION THAT THE PRACTITIONER'S EXERCISE OF CLINICAL PRIVILEGES MAY RESULT IN AN IMMEDIATE DANGER TO THE HEALTH OF ANY INDIVIDUAL. THE EXECUTIVE COMMITTEE SHALL TREAT THE IMPOSITION OF A SUMMARY SUSPENSION, WHETHER OR NOT IT CONTINUES IN EFFECT, AS A REQUEST FOR CORRECTIVE ACTION PURSUANT TO THIS RULE.
- (4) UPON THE IMPOSITION OF A SUMMARY SUSPENSION, THE MEDICAL DIRECTOR OR THE CHIEF OF THE CLINICAL DEPARTMENT CONCERNED SHALL HAVE THE AUTHORITY TO PROVIDE ALTERNATE COVERAGE FOR PATIENTS OF THE SUSPENDED PRACTITIONER WHO ARE IN THE HOSPITAL AT THE TIME OF THE SUSPENSION. THE WISHES OF THE PATIENTS SHALL BE CONSIDERED IN THE SELECTION OF SUCH ALTERNATIVE PRACTITIONER.

(E) AUTOMATIC SUSPENSION OR TERMINATION.

- (1) ANY PRACTITIONER WHOSE LICENSE, CERTIFICATE OR OTHER LEGAL CREDENTIAL AUTHORIZING HIM OR HER TO PRACTICE HIS OR HER PROFESSION IN THIS STATE IS REVOKED OR SUSPENDED BY ANY AGENCY OF THE STATE OF OHIO SHALL IMMEDIATELY AND AUTOMATICALLY BE TERMINATED FROM STAFF STATUS AND FROM EXERCISING HIS OR HER CLINICAL PRIVILEGES AT THE HOSPITAL. IF SUCH LICENSE, CERTIFICATE OR OTHER LEGAL CREDENTIAL IS ONLY PARTIALLY LIMITED OR RESTRICTED, CLINICAL PRIVILEGES WITHIN THE SCOPE OF SUCH LIMITATION OR RESTRICTION SHALL AUTOMATICALLY BE SUSPENDED; PROVIDED THAT SUCH LIMITATION OR RESTRICTION MAY GIVE RISE TO AN

INVESTIGATION FOR CORRECTIVE ACTION PURSUANT TO PARAGRAPHS (A) AND (B) OF THIS RULE.

- (2) A PRACTITIONER WHOSE DEA NUMBER OR OTHER RIGHT TO PRESCRIBE OR ADMINISTER CONTROLLED SUBSTANCES IS REVOKED OR SUSPENDED SHALL IMMEDIATELY AND AUTOMATICALLY BE TERMINATED FROM PRACTICING AT THE HOSPITAL, FROM HIS OR HER STAFF STATUS, AND FROM EXERCISE OF CLINICAL PRIVILEGES. IF SUCH NUMBER OR OTHER RIGHT TO PRESCRIBE OR ADMINISTER CONTROLLED SUBSTANCES IS PARTIALLY LIMITED OR RESTRICTED, CLINICAL PRIVILEGES WITHIN THE SCOPE OF SUCH LIMITATION OR RESTRICTION SHALL BE AUTOMATICALLY SUSPENDED; PROVIDED THAT SUCH LIMITATION OR RESTRICTION MAY GIVE RISE TO AN INVESTIGATION FOR CORRECTIVE ACTION PURSUANT TO PARAGRAPHS (A) AND (B) OF THIS RULE.
- (3) A PRACTITIONER WHO FAILS TO REPORT TO THE HOSPITAL ANY RESTRICTION OR CONDITION IDENTIFIED IN PARAGRAPH (A)(4)(i) OF RULE 3335-45-04 OF THE ADMINISTRATIVE CODE WITHIN THIRTY DAYS OF IMPOSITION SHALL RESULT IN AUTOMATIC TERMINATION OF MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES.
- (4) AN AUTOMATIC SUSPENSION OF ALL OF A PRACTITIONER'S ADMITTING AND CLINICAL PRIVILEGES (EXCEPT WITH REGARD TO THE PRACTITIONER'S CURRENT INPATIENTS) MAY BE IMPOSED BY THE MEDICAL DIRECTOR FOR FAILURE TO COMPLETE MEDICAL RECORDS IN A TIMELY FASHION AS DEFINED BY THE MEDICAL STAFF RULES AND REGULATIONS. SUCH SUSPENSION SHALL REMAIN IN EFFECT UNTIL SUCH TIME AS ALL DELINQUENT MEDICAL RECORDS HAVE BEEN COMPLETED AND FILED WITH THE MEDICAL RECORDS DEPARTMENT OF THE HOSPITAL AS DETERMINED BY THE MEDICAL DIRECTOR. REPEATED FAILURE TO COMPLETE MEDICAL RECORDS WITHIN THE TIME LIMITS SPECIFIED IN THE MEDICAL STAFF RULES AND REGULATIONS MAY RESULT IN THE FILING OF A REQUEST FOR CORRECTIVE ACTION AGAINST THE PRACTITIONER.
- (5) ANY PRACTITIONER WHO FAILS TO SUBMIT A TIMELY AND COMPLETE REAPPOINTMENT APPLICATION OR TO PROVIDE INFORMATION REQUESTED BY THE CREDENTIALS COMMITTEE DURING THE REAPPOINTMENT PROCESS AS DESCRIBED IN PARAGRAPH (F) OF RULE 3335-45-04 OF THE ADMINISTRATIVE CODE SHALL BE DEEMED TO HAVE VOLUNTARILY RESIGNED FROM THE MEDICAL STAFF AND SHALL RESULT IN THE AUTOMATIC TERMINATION OF MEMBERSHIP AND ALL CLINICAL PRIVILEGES UPON EXPIRATION OF THE PRACTITIONER'S THEN CURRENT GRANT OF MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES.
- (6) ANY PRACTITIONER WHO FAILS TO PROVIDE DOCUMENTATION TO THE MEDICAL DIRECTOR OF CURRENT VALID PROFESSIONAL MALPRACTICE INSURANCE COVERAGE (OF AT LEAST THE MINIMUM AS REQUIRED BY THE BOARD) SHALL AUTOMATICALLY HAVE ALL ADMITTING AND CLINICAL PRIVILEGES AT THE HOSPITAL SUSPENDED, UNTIL SUCH TIME AS ADEQUATE DOCUMENTATION HAS BEEN PROVIDED TO THE MEDICAL DIRECTOR EVIDENCING VALID MALPRACTICE INSURANCE REQUIREMENTS OF AT LEAST THE MANNER REQUIRED BY THE BOARD.
- (7) A PRACTITIONER WHO HAS BEEN REQUESTED TO APPEAR AT ANY MEETING OF ANY COMMITTEE OF THE MEDICAL STAFF OR HOSPITAL TO DISCUSS PROPOSED CORRECTIVE ACTION AND FAILS TO APPEAR MAY BE AUTOMATICALLY TERMINATED FROM MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES.

- (8) A PRACTITIONER'S ADMITTING PRIVILEGES MAY BE TEMPORARILY RESTRICTED PURSUANT TO PARAGRAPH (D) OF RULE 3335-45-03 OF THE ADMINISTRATIVE CODE IN THE INTERESTS OF BALANCED TEACHING AND PATIENT CARE.
- (9) LOSS OR NON-RENEWAL OF FACULTY APPOINTMENT IF REQUIRED AS A CONDITION OF MEDICAL STAFF MEMBERSHIP OR CLINICAL PRIVILEGES WILL RESULT IN AN AUTOMATIC AND IMMEDIATE TERMINATION OF MEDICAL STAFF MEMBERSHIP OR CLINICAL PRIVILEGES.
- (10) FAILURE TO MEET OR MAINTAIN BOARD CERTIFICATION OR RECERTIFICATION AS REQUIRED IN PARAGRAPH (A)(4)(c) OF RULE 3335-45-04 OF THE ADMINISTRATIVE CODE SHALL RESULT IN AUTOMATIC AND IMMEDIATE TERMINATION OF MEDICAL STAFF MEMBERSHIP UNLESS WAIVED IN ACCORDANCE WITH THESE RULES.
- (11) A PRACTITIONER UNDER AUTOMATIC SUSPENSION BY OPERATION OF THIS PARAGRAPH SHALL NOT BE ENTITLED TO THE PROCEDURE RIGHTS PROVIDED IN RULE 3335-45-08 OF THE ADMINISTRATIVE CODE. SUCH SUSPENSION IS NOT THE RESULT OF ANY ADVERSE PROFESSIONAL REVIEW ACTION OR RECOMMENDATION OF THE BOARD, THE STAFF, OR ANY COMMITTEE OR DEPARTMENT.
- (12) ANY PRACTITIONER'S CLINICAL PRIVILEGES AUTOMATICALLY SUSPENDED UNDER (E)(1) OR (E)(2) OF THIS PARAGRAPH SHALL NOT, BY THE PASSAGE OF TIME OR THE CURING OF THE EVENT WHICH GAVE RISE TO AUTOMATIC SUSPENSION, BE AUTOMATICALLY REINSTATED. INSTEAD, IN ORDER TO REGAIN CLINICAL PRIVILEGES, SUCH PRACTITIONERS SHALL BE REQUIRED TO FILE AN APPLICATION FOR MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES WHICH APPLICATION SHALL BE PROCESSED AS PROVIDED IN RULE 3335-45-04 OF THE ADMINISTRATIVE CODE.

3335-45-08 HEARING AND APPELLATE REVIEW.

(A) DEFINITIONS.

THE FOLLOWING TERMS SHALL HAVE THESE MEANINGS WHEN USED IN THIS ARTICLE, UNLESS OTHERWISE SPECIFIED:

- (1) "NOTICE" MEANS WRITTEN NOTICE SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED.
- (2) "ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION" REFERS TO A RECOMMENDATION OR ACTION BY THE EXECUTIVE COMMITTEE OR AN ACTION BY THE BOARD, WHICH MAY ADVERSELY AFFECT THE PRACTITIONER'S APPOINTMENT TO OR STATUS AS A MEMBER OF THE MEDICAL STAFF OR THE PRACTITIONER'S EXERCISE OF CLINICAL PRIVILEGES.
- (3) "PARTIES" SHALL MEAN THE AFFECTED PRACTITIONER AND EITHER THE MEMBER OF THE EXECUTIVE COMMITTEE DESIGNATED TO REPRESENT THE EXECUTIVE COMMITTEE'S POSITION IN THE CASE OF A HEARING ON AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR DECISION BY THE EXECUTIVE COMMITTEE, OR THE MEMBER OF THE BOARD DESIGNATED TO REPRESENT THE BOARD POSITION IN THE CASE OF A HEARING ON AN ADVERSE PROFESSIONAL REVIEW DECISION OF THE BOARD.

(B) ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION.

A PRACTITIONER SHALL BE ENTITLED TO A HEARING PURSUANT TO THE PROVISIONS OF THESE RULES ONLY AFTER AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ADVERSE PROFESSIONAL REVIEW ACTION INVOLVING:

- (1) DENIAL OF INITIAL APPOINTMENT TO STAFF STATUS, EXCEPT WHERE THE APPLICATION DOES NOT MEET THE MINIMUM OBJECTIVE REQUIREMENTS SET FORTH IN RULE 3335-45-03 OF THE ADMINISTRATIVE CODE FOR MEDICAL STAFF MEMBERSHIP.
- (2) DENIAL OF REAPPOINTMENT.
- (3) SUMMARY SUSPENSION OF STAFF STATUS.
- (4) REVOCATION OR TERMINATION OF STAFF STATUS, EXCEPT WHERE CONTINUED APPOINTMENT TO THE MEDICAL STAFF WAS CONTINGENT UPON CONTINUANCE OF A CONTRACTUAL RELATIONSHIP WITH THE HOSPITAL.
- (5) DENIAL OF REQUESTED ADVANCEMENT IN STAFF STATUS.
- (6) REDUCTION IN STAFF STATUS.
- (7) DENIAL OF REQUESTED CLINICAL PRIVILEGES.
- (8) REDUCTION IN CLINICAL PRIVILEGES.
- (9) SUMMARY SUSPENSION OF CLINICAL PRIVILEGES.
- (10) REVOCATION OF CLINICAL PRIVILEGES.
- (11) REQUIREMENT OF CONSULTATION, SUPERVISION OR MONITORING WHICH RESTRICT THE CLINICAL PRIVILEGES OF THE PRACTITIONER OR THE DELIVERY OF PROFESSIONAL SERVICES TO PATIENTS.
- (12) NON-REINSTATEMENT OF STAFF STATUS OF CLINICAL PRIVILEGES AFTER A LEAVE OF ABSENCE.
- (13) TERMINATION OF STAFF STATUS OR PRIVILEGES FOR FAILURE TO ADVANCE FROM PROVISIONAL STATUS PURSUANT TO PARAGRAPH (F) OF RULE 3335-45-05 OF THE ADMINISTRATIVE CODE.
- (14) SUCH OTHER ACTIONS WHICH CONSTITUTE A REPORTABLE ADVERSE PROFESSIONAL REVIEW DECISION UNDER THE HEALTHCARE QUALITY IMPROVEMENT ACT OF 1986 AS AMENDED, OR STATE LAW.

NOTWITHSTANDING THE FOREGOING, NONE OF THE FOLLOWING ACTIONS OR RECOMMENDATIONS SHALL BE "ADVERSE PROFESSIONAL REVIEW ACTIONS OR RECOMMENDATIONS" ENTITLING A PRACTITIONER TO THE DUE PROCESS RIGHTS OF THIS RULE:

- (a) REQUIREMENTS OF CONSULTATION, SUPERVISION OR MONITORING WHICH ARE IMPOSED ON PRACTITIONERS HOLDING PROVISIONAL STATUS OR CLINICAL PRIVILEGES FOR A PROVISIONAL PERIOD OR WHICH ARE IMPOSED ON A PRACTITIONER BUT DO NOT RESTRICT THE CLINICAL PRIVILEGES OF THE PRACTITIONER OR THE DELIVERY OF PROFESSIONAL SERVICES TO PATIENTS.

- (b) AUTOMATIC SUSPENSIONS OR TERMINATIONS PURSUANT TO PARAGRAPH (E) OF RULE 3335-45-07 OF THE ADMINISTRATIVE CODE.
 - (c) ACTIONS BY THE EXECUTIVE COMMITTEE ADOPTING A SANCTION AS DESCRIBED IN PARAGRAPHS (B)(2)(d)(i) or (B)(2)(d)(ii) OF RULE 3335-45-07 OF THE ADMINISTRATIVE CODE.
 - (d) DENIAL, TERMINATION OR REDUCTION OF TEMPORARY PRIVILEGES.
 - (e) DENIAL OF AN INITIAL APPOINTMENT TO STAFF STATUS BECAUSE RESPONSES FROM REFERENCES AND FROM OTHER REQUESTS FOR INFORMATION HAVE NOT BEEN RECEIVED IN A TIMELY MANNER; AND DENIAL OF REAPPOINTMENT BECAUSE RESPONSES FROM ANY REFERENCES REQUIRED AND ASKED TO PROVIDE INFORMATION AND FROM OTHER REQUESTS FOR INFORMATION HAVE NOT BEEN RECEIVED IN A TIMELY MANNER.
 - (f) DENIAL OF REAPPOINTMENT BECAUSE OF FAILURE TO FILE A COMPLETED REAPPOINTMENT APPLICATION IN A TIMELY MANNER.
 - (g) ANY RECOMMENDATION OR ACTION WHICH DOES NOT CONSTITUTE A REPORTABLE ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION UNDER THE HEALTHCARE QUALITY IMPROVEMENT ACT OF 1986 AS AMENDED, OR STATE LAW.
- (C) RIGHT TO HEARING AND APPELLATE REVIEW.
- (1) A PRACTITIONER SHALL BE ENTITLED TO A HEARING ONLY UPON REQUEST AND ONLY AFTER:
 - (a) AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION BY THE EXECUTIVE COMMITTEE;
 - (b) AN ADVERSE PROFESSIONAL REVIEW ACTION BY THE BOARD CONTRARY TO A FAVORABLE RECOMMENDATION BY THE EXECUTIVE COMMITTEE; OR
 - (c) AN ADVERSE PROFESSIONAL REVIEW ACTION BY THE BOARD IN THE ABSENCE OF A RECOMMENDATION BY THE EXECUTIVE COMMITTEE.
 - (2) THE HEARING PROCEDURE FOLLOWING AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION BY THE EXECUTIVE COMMITTEE SHALL CONSIST OF A HEARING BEFORE A HEARING COMMITTEE OR HEARING OFFICER APPOINTED PURSUANT TO PARAGRAPH (I) OF THIS RULE AND AN APPELLATE REVIEW OF AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION BY THE HEARING COMMITTEE AS SUCH APPELLATE REVIEW IS PROVIDED FOR IN THESE RULES. THE HEARING PROCEDURE FOLLOWING AN ADVERSE PROFESSIONAL REVIEW ACTION OF THE BOARD PURSUANT TO (1)(b) OR (1)(c) OF THIS PARAGRAPH SHALL CONSIST OF A HEARING BEFORE A HEARING COMMITTEE OR HEARING OFFICER APPOINTED PURSUANT TO PARAGRAPH (I) OF THIS RULE AND AN APPELLATE REVIEW OF AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION BY THE HEARING COMMITTEE AS SUCH APPELLATE REVIEW IS PROVIDED FOR IN THESE RULES.

(D) VOLUNTARY LIMITATIONS.

AT ANY TIME AFTER AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ADVERSE PROFESSIONAL REVIEW ACTION (INCLUDING A SUMMARY PROFESSIONAL REVIEW ACTION) AND PRIOR TO THE FINAL ACTION OF THE BOARD, THE AFFECTED PRACTITIONER MAY REQUEST TO AGREE TO THE PROPOSED ACTION OR RECOMMENDATION OR TO RESIGN FROM STAFF STATUS AND SURRENDER HIS OR HER CLINICAL PRIVILEGES OR TO AGREE TO A MODIFICATION OF THE PROPOSED ACTION OR RECOMMENDATION. THE EXECUTIVE COMMITTEE OR BOARD, WHICHEVER BODY INITIATED THE ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION, SHALL ACCEPT OR REJECT THE PRACTITIONER'S PROPOSAL OR SUGGEST AN ALTERNATIVE PROPOSAL. THE CHIEF EXECUTIVE OFFICER OR DESIGNEE SHALL REPORT TO THE STATE MEDICAL BOARD OR OTHER AUTHORITIES, AS REQUIRED BY STATE AND/OR FEDERAL LAW, A PRACTITIONER WHO RESIGNS FROM THE MEDICAL STAFF AND SURRENDERS HIS OR HER CLINICAL PRIVILEGES PURSUANT TO THIS PARAGRAPH.

(E) NOTICE OF ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION. WHEN AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION HAS BEEN MADE OR TAKEN WHICH ENTITLES A PRACTITIONER TO A HEARING AS PROVIDED IN PARAGRAPH (B) OF THIS RULE, THE MEDICAL DIRECTOR SHALL, WITHIN TEN DAYS THEREAFTER, PROVIDE NOTICE BY CERTIFIED MAIL RETURN RECEIPT REQUESTED TO THE PRACTITIONER, WHICH NOTICE WILL INCLUDE:

- (1) THAT THE PRACTITIONER IS THE SUBJECT OF AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION;
- (2) THE PRACTITIONER'S RIGHT TO REQUEST A HEARING;
- (3) THE TIME LIMIT WITHIN WHICH TO REQUEST THE HEARING; AND
- (4) A SUMMARY OF HEARING RIGHTS.

THE NOTICE SHALL ALSO CONTAIN THE REASONS FOR THE RECOMMENDATION OR ACTION INCLUDING A CONCISE STATEMENT OF THE PRACTITIONER'S ALLEGED ACTS OR OMISSIONS AND, WHERE APPROPRIATE, A LIST OF SPECIFIC OR REPRESENTATIVE PATIENT CHARTS IN QUESTION OR THE OTHER REASONS OR SUBJECT MATTER FORMING THE BASIS FOR THE ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION.

(F) REQUEST FOR HEARING.

A PRACTITIONER SHALL HAVE THIRTY DAYS FOLLOWING HIS RECEIPT OF A NOTICE PURSUANT TO PARAGRAPH (E) OF THIS RULE TO FILE A WRITTEN REQUEST FOR A HEARING. SUCH A REQUEST SHALL BE DELIVERED TO THE MEDICAL DIRECTOR BY CERTIFIED MAIL RETURN RECEIPT REQUESTED.

(G) WAIVER BY FAILURE TO REQUEST A HEARING.

A PRACTITIONER WHO FAILS TO REQUEST A HEARING WITHIN THE TIME AND IN THE MANNER SPECIFIED IN PARAGRAPH (F) OF THIS RULE WAIVES ANY RIGHT TO SUCH HEARING AND TO ANY APPELLATE REVIEW TO WHICH HE OR SHE MIGHT OTHERWISE HAVE BEEN ENTITLED. SUCH WAIVER IN CONNECTION WITH:

- (1) AN ADVERSE PROFESSIONAL REVIEW ACTION BY THE BOARD SHALL CONSTITUTE ACCEPTANCE OF THAT ACTION WHICH SHALL THEREUPON BECOME EFFECTIVE AS OF THE FINAL ACTION OF THE BOARD.

- (2) AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION BY THE EXECUTIVE COMMITTEE SHALL CONSTITUTE ACCEPTANCE OF THE RECOMMENDATION WHICH SHALL THEREUPON BECOME AND REMAIN EFFECTIVE PENDING THE FINAL ACTION OF THE BOARD. A PRACTITIONER WHO HAS WAIVED THE RIGHT TO A HEARING REGARDING AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OF THE EXECUTIVE COMMITTEE IS NOT ENTITLED TO A HEARING ON AN ADVERSE PROFESSIONAL REVIEW ACTION OF THE BOARD BASED UPON SUCH ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OF THE EXECUTIVE COMMITTEE.

(H) NOTICE OF HEARING.

- (1) UPON RECEIPT OF A REQUEST FOR HEARING, OCCASIONED BY AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OF THE EXECUTIVE COMMITTEE, THE MEDICAL DIRECTOR WILL GIVE NOTICE OF THE REQUEST FOR HEARING TO THE CHIEF OF STAFF AND TO THE CHIEF EXECUTIVE OFFICER. PERSONS TO SERVE ON THE HEARING COMMITTEE OR AS THE HEARING OFFICER SHALL BE IMMEDIATELY APPOINTED AS PROVIDED IN PARAGRAPH (I) OF THIS RULE. IF A HEARING IS THE RESULT OF AN ADVERSE PROFESSIONAL REVIEW ACTION OF THE BOARD PURSUANT TO PARAGRAPHS (C)(1)(b) AND (C)(1)(c) OF THIS RULE, UPON RECEIPT OF A TIMELY REQUEST FOR A HEARING, THE MEDICAL DIRECTOR SHALL DELIVER SUCH REQUEST TO THE BOARD AND THE BOARD SHALL SCHEDULE AND ARRANGE FOR A HEARING.

THE MEDICAL DIRECTOR WILL ARRANGE A HEARING TO BE HELD NOT LESS THAN THIRTY DAYS, NOR MORE THAN FORTY-FIVE DAYS AFTER RECEIPT OF THE REQUEST FOR A HEARING. HOWEVER, IN THE CASE OF A PRACTITIONER WHO IS SUBJECT TO A SUMMARY SUSPENSION THEN IN EFFECT, THE HEARING SHALL BE HELD AS SOON AS APPROPRIATE ARRANGEMENTS MAY REASONABLY BE MADE, BUT NOT LATER THAN THIRTY DAYS FROM THE DATE OF RECEIPT OF THE REQUEST FOR HEARING, UNLESS THE PRACTITIONER WAIVES, IN WRITING, THE RIGHT TO HAVE THE HEARING CONDUCTED WITHIN THAT TIME PERIOD.

- (2) THE MEDICAL DIRECTOR SHALL SEND A NOTICE OF THE DATE, TIME, AND PLACE OF THE HEARING BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED TO THE AFFECTED PRACTITIONER AND TO THE MEMBER(S) OF THE HEARING COMMITTEE OR HEARING OFFICER AS SOON AS ARRANGEMENTS FOR THE HEARING HAVE BEEN MADE. SUCH NOTICE SHALL ALSO INCLUDE A LIST OF WITNESSES, IF ANY, EXPECTED TO TESTIFY ON BEHALF OF THE EXECUTIVE COMMITTEE OR THE BOARD, DEPENDING ON WHOSE ACTION PROMPTED THE REQUEST FOR A HEARING. SUCH NOTICE SHALL BE SENT TO THE PRACTITIONER AT LEAST THIRTY DAYS IN ADVANCE OF THE HEARING, UNLESS A SUMMARY SUSPENSION IS CURRENTLY IN EFFECT, IN WHICH CASE THE NOTICE SHALL BE SENT AS SOON AS REASONABLY POSSIBLE.

(I) HEARING COMMITTEE.

- (1) THE HEARING COMMITTEE SHALL BE AN AD HOC COMMITTEE APPOINTED AT THE TIME A REQUEST FOR HEARING IS RECEIVED.
- (2) FOR HEARINGS OCCASIONED BY AN ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OF THE EXECUTIVE COMMITTEE, THE HEARING COMMITTEE WILL CONSIST OF ONE OF THE FOLLOWING ALTERNATIVES AS DETERMINED JOINTLY BY THE CHIEF OF STAFF AND THE MEDICAL DIRECTOR:

- (a) FIVE MEMBERS OF THE MEDICAL STAFF WHO ARE NOT IN DIRECT ECONOMIC COMPETITION WITH THE PRACTITIONER, APPOINTED JOINTLY BY THE CHIEF OF STAFF AND THE MEDICAL DIRECTOR. THE HEARING COMMITTEE SHALL DESIGNATE ONE OF THESE MEMBERS AS CHAIR OF THE HEARING COMMITTEE; OR
- (b) A HEARING OFFICER OR ARBITRATOR WHO IS APPOINTED JOINTLY BY THE CHIEF OF STAFF AND MEDICAL DIRECTOR, WHO IS ACCEPTABLE TO THE PRACTITIONER AND TO THE EXECUTIVE COMMITTEE, AND WHO IS NOT IN DIRECT ECONOMIC COMPETITION WITH THE AFFECTED PRACTITIONER INVOLVED.

NO ONE WHO ACTIVELY PARTICIPATED IN THE CONSIDERATION OF THE ADVERSE RECOMMENDATION OR ACTION SHALL BE APPOINTED TO THE HEARING COMMITTEE.

- (3) FOR HEARINGS OCCASIONED BY AN ADVERSE PROFESSIONAL REVIEW ACTION OF THE BOARD PURSUANT TO PARAGRAPHS (C)(1)(b) OR (C)(1)(c) OF THIS RULE, A HEARING COMMITTEE SHALL BE APPOINTED BY THE CHAIR OF THE BOARD IN CONSULTATION WITH THE MEDICAL DIRECTOR AND WILL BE COMPOSED OF NOT LESS THAN THREE NOR MORE THAN FIVE PERSONS. AT LEAST ONE MEDICAL STAFF MEMBER SHALL BE INCLUDED ON THE COMMITTEE AND THE REMAINING MEMBERS OF THE COMMITTEE MAY BE MEMBERS OF THE BOARD, THE MEDICAL STAFF OR ANY OTHER PERSON. ANY MEDICAL STAFF MEMBER SO APPOINTED SHALL NOT BE IN DIRECT ECONOMIC COMPETITION WITH THE AFFECTED PRACTITIONER.

(J) CONDUCT OF HEARING.

- (1) A MAJORITY OF THE HEARING COMMITTEE MEMBERS MUST BE PRESENT AT THE HEARING AND NO MEMBER MAY VOTE BY PROXY. AN ACTION OF THE HEARING COMMITTEE REQUIRES THE AFFIRMATIVE VOTE OF AT LEAST THREE MEMBERS, UNLESS THE HEARING OFFICER ALTERNATIVE IS CHOSEN.
- (2) THE PRACTITIONER MUST BE PHYSICALLY PRESENT AT THE HEARING. ABSENCE WITHOUT GOOD CAUSE CONSTITUTES A WAIVER OF ALL RIGHTS UNDER THIS RULE AND AN ACCEPTANCE OF THE ADVERSE RECOMMENDATION OR ACTION. THE HEARING COMMITTEE OR HEARING OFFICER, AS APPLICABLE, HAS SOLE DISCRETION TO DEFINE "GOOD CAUSE." IF GOOD CAUSE IS SHOWN, THE HEARING COMMITTEE OR HEARING OFFICER WILL RESCHEDULE THE HEARING AS SOON AS PRACTICAL.
- (3) POSTPONEMENT OF THE HEARING BEYOND THE TIME LIMITS OF THIS RULE MAY BE MADE ONLY FOR GOOD CAUSE AND WITH THE APPROVAL OF A MAJORITY OF THE HEARING COMMITTEE OR THE HEARING OFFICER, AS APPLICABLE. THE HEARING COMMITTEE OR HEARING OFFICER, AS APPLICABLE, HAS SOLE DISCRETION TO DEFINE "GOOD CAUSE".
- (4) THE PRACTITIONER MAY BE ACCOMPANIED AND/OR REPRESENTED BY EITHER LEGAL COUNSEL, OR A MEMBER OF THE MEDICAL STAFF, OR OTHER PERSON OF THE PRACTITIONER'S CHOICE. IF EITHER PARTY WILL BE ACCOMPANIED OR REPRESENTED BY LEGAL COUNSEL, WRITTEN NOTICE OF SUCH MUST BE GIVEN TO THE OTHER PARTY AT LEAST SEVENTY-TWO HOURS IN ADVANCE OF THE HEARING.
- (5) THE CHAIR OF THE HEARING COMMITTEE OR THE HEARING OFFICER WILL DETERMINE THE ORDER OF THE PROCEEDING, ASSURING ALL

PARTICIPANTS RECEIVE A REASONABLE OPPORTUNITY TO PRESENT RELEVANT ORAL AND DOCUMENTARY EVIDENCE. THE CHAIR WILL PRESIDE OVER THE HEARING AND MAINTAIN ORDER.

- (6) THE HEARING COMMITTEE OR HEARING OFFICER MAY, WITHOUT SPECIAL NOTICE, RECESS THE HEARING FOR THE CONVENIENCE OF THE MEMBERS OR FOR THE PURPOSE OF OBTAINING NEW OR ADDITIONAL EVIDENCE OR CONSULTATION.
- (7) THE PARTIES SHALL HAVE THE FOLLOWING RIGHTS, PROVIDED THAT THE HEARING COMMITTEE OR HEARING OFFICER IS PERMITTED TO REQUIRE THAT ORAL EVIDENCE BE TAKEN UNDER OATH OR AFFIRMATION ADMINISTERED BY A NOTARY PUBLIC DULY AUTHORIZED BY THE STATE OF OHIO:
 - (a) TO CALL AND EXAMINE WITNESSES;
 - (b) TO INTRODUCE WRITTEN EVIDENCE;
 - (c) TO CROSS-EXAMINE ANY WITNESS ON ANY MATTER RELEVANT TO THE HEARING;
 - (d) TO CHALLENGE AND REBUT ANY EVIDENCE; AND
 - (e) TO SUBMIT A WRITTEN STATEMENT AT THE CLOSE OF THE HEARING.
- (8) THE EXECUTIVE COMMITTEE OR THE BOARD, AS APPLICABLE, MAY APPOINT ONE OF ITS MEMBERS TO REPRESENT IT, AND DEFEND ITS RECOMMENDATION OR ACTION AT THE HEARING. IF THE PRACTITIONER WILL BE ACCOMPANIED OR REPRESENTED BY LEGAL COUNSEL AT THE HEARING, THE EXECUTIVE COMMITTEE OR THE BOARD MAY ALSO BE ACCOMPANIED OR REPRESENTED BY LEGAL COUNSEL AT THE HEARING.
- (9) THE PRACTITIONER SHALL HAVE THE BURDEN OF SHOWING THAT THE RECOMMENDATION OR ACTION IS ARBITRARY, CAPRICIOUS, OR UNREASONABLE.
- (10) THE RULES OF EVIDENCE APPLICABLE TO A COURT OF LAW SHALL NOT APPLY IN THE HEARING. ANY RELEVANT MATERIAL UPON WHICH RESPONSIBLE PERSONS ORDINARILY RELY MAY BE CONSIDERED, REGARDLESS OF ITS ADMISSIBILITY IN COURT.
 - (a) THE HEARING COMMITTEE OR HEARING OFFICER MAY TAKE OFFICIAL NOTICE OF ANY GENERALLY ACCEPTED TECHNICAL OR SCIENTIFIC MATTER AT ANY POINT PRIOR TO ITS FINAL REPORT. ALL PARTICIPANTS WILL BE INFORMED OF MATTERS SO NOTED, AND GIVEN THE OPPORTUNITY, UPON REQUEST, TO REFUTE SUCH OFFICIAL NOTICE IN A MANNER DETERMINED BY THE HEARING COMMITTEE OR HEARING OFFICER.
 - (b) THE HEARING COMMITTEE OR HEARING OFFICER MAY CONSIDER ANY PERTINENT MATERIAL CONTAINED ON FILE IN THE HOSPITAL AND ALL OTHER INFORMATION CONNECTED WITH A REQUEST FOR CORRECTIVE ACTION OR APPLICATION FOR APPOINTMENT OR REAPPOINTMENT TO THE MEDICAL STAFF OR FOR CLINICAL PRIVILEGES PURSUANT TO THESE RULES.

- (c) AN ACCURATE RECORD OF PROCEEDINGS MUST BE KEPT AND SHALL BE RECORDED BY A COURT REPORTER, ELECTRONIC RECORDING DEVICE, OR DETAILED TRANSCRIPTION. COPIES OF THE TRANSCRIPT OF THE PROCEEDINGS MAY BE OBTAINED BY THE PRACTITIONER UPON PAYMENT OF ANY REASONABLE CHARGES ASSOCIATED WITH THE PREPARATION THEREOF. OTHERWISE, THE RECORD OF THE PROCEEDINGS SHALL BE PRIVILEGED AND CONFIDENTIAL, NOT SUBJECT TO DISCLOSURE TO OR DISCOVERY BY ANYONE AS PROVIDED BY SECTION 2305.251 OF THE REVISED CODE.
- (11) WITHIN FOURTEEN DAYS AFTER THE HEARING IS CLOSED, THE HEARING COMMITTEE OR HEARING OFFICER SHALL DELIBERATE AND MAKE ITS DECISION. THE HEARING COMMITTEE OR HEARING OFFICER SHALL FORWARD ITS WRITTEN REPORT AND RECOMMENDATION TOGETHER WITH THE TRANSCRIPT OF THE HEARING AND ALL OTHER DOCUMENTATION PROVIDED BY THE PARTIES TO THE BODY WHOSE ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION OCCASIONED THE HEARING. THE REPORT SHALL CONCISELY STATE THE REASONS FOR THE FINDINGS AND RECOMMENDATIONS MADE IN THE REPORT. THE REPORT SHALL ALSO SPECIFICALLY AFFIRM, REVERSE OR MODIFY THE ADVERSE PROFESSIONAL REVIEW RECOMMENDATION OR ACTION WHICH WAS REVIEWED. THE EXECUTIVE COMMITTEE OR BOARD, AS APPROPRIATE, SHALL ACCEPT, REJECT, OR MODIFY THE RECOMMENDATION OF THE HEARING COMMITTEE OR HEARING OFFICER OR MAY CONDUCT FURTHER HEARINGS AS IT DEEMS NECESSARY OR MAY REMAND THE MATTER BACK TO THE HEARING COMMITTEE OR HEARING OFFICER FOR FURTHER ACTION AS DIRECTED. THE EXECUTIVE COMMITTEE OR THE BOARD MAY IMPOSE A GREATER OR LESSER SANCTION THAN THAT RECOMMENDED BY THE HEARING COMMITTEE OR HEARING OFFICER.

AN ACTION OF THE EXECUTIVE COMMITTEE SHALL BE FORWARDED TO THE BOARD. THE AFFECTED MEMBER OF THE MEDICAL STAFF SHALL BE NOTIFIED OF THE ACTION OF THE EXECUTIVE COMMITTEE BY THE MEDICAL DIRECTOR. THE ACTION AND RECORD OF THE EXECUTIVE COMMITTEE INCLUDING THE HEARING COMMITTEE OR HEARING OFFICER REPORT SHALL BE REVIEWED BY THE BOARD, WHICH SHALL HAVE THE AUTHORITY TO ACCEPT, REJECT, OR MODIFY THE PREVIOUS ACTION FORWARDED TO THEM. WHEN THE BOARD HAS MADE ITS DECISION, NOTICE OF THAT ACTION SHALL BE SENT CERTIFIED RETURN RECEIPT MAIL TO THE AFFECTED MEDICAL STAFF MEMBER AT THE MEMBER'S LAST KNOWN ADDRESS AS DETERMINED BY HOSPITAL RECORDS.

IF ANY ACTION OF THE BOARD IS ADVERSE TO THE PRACTITIONER, THE NOTICE OF ACTION WILL INFORM THE PRACTITIONER OF THE RIGHT TO AN APPELLATE REVIEW AS DESCRIBED IN THESE RULES.

(K) APPELLATE REVIEW.

- (1) WITHIN FOURTEEN DAYS AFTER RECEIPT OF A NOTICE BY AN AFFECTED MEDICAL STAFF MEMBER OF AN ADVERSE PROFESSIONAL REVIEW ACTION OF THE BOARD PURSUANT TO PARAGRAPH (J) OF THIS RULE, THE MEMBER MAY, BY WRITTEN NOTICE TO THE OHIO STATE UNIVERSITY HOSPITALS BOARD, REQUEST AN APPELLATE REVIEW. SUCH APPELLATE REVIEW SHALL BE CONDUCTED BY THE OHIO STATE UNIVERSITY HOSPITALS BOARD OR A COMMITTEE DESIGNATED BY THE OHIO STATE UNIVERSITY HOSPITALS BOARD AND ONLY BE HELD ON THE RECORD ON WHICH THE ADVERSE ACTION IS BASED, AS APPENDED BY THE MEDICAL STAFF MEMBER'S STATEMENT PROVIDED FOR BELOW.

- (2) IF SUCH REVIEW IS NOT REQUESTED WITHIN THE FOURTEEN DAY PERIOD, THE AFFECTED MEDICAL STAFF MEMBER SHALL BE DEEMED TO HAVE WAIVED THE MEMBER'S RIGHT TO THE SAME, AND TO HAVE ACCEPTED SUCH ADVERSE ACTION, AND THE SAME SHALL BECOME EFFECTIVE IMMEDIATELY.
 - (3) THE AFFECTED MEDICAL STAFF MEMBER SHALL HAVE ACCESS TO THE REPORTS AND RECORDS, INCLUDING TRANSCRIPTS, IF ANY, OF THE HEARING COMMITTEE OR HEARING OFFICER AND OF THE EXECUTIVE COMMITTEE AND ALL OTHER MATERIAL, FAVORABLE OR UNFAVORABLE, THAT HAS BEEN CONSIDERED BY THAT COMMITTEE AND THE BOARD. THE STAFF MEMBER SHALL THEN SUBMIT A WRITTEN FACTUAL STATEMENT INDICATING THOSE FACTUAL AND PROCEDURAL MATTERS WITH WHICH THE MEMBER DISAGREES, AND THE REASONS FOR SUCH DISAGREEMENT, SHALL BE SPECIFIED. THIS WRITTEN STATEMENT MAY COVER ANY MATTERS RAISED AT ANY STEP IN THE PROCEDURE TO WHICH THE APPEAL IS RELATED, AND LEGAL COUNSEL MAY ASSIST IN ITS PREPARATION. SUCH WRITTEN STATEMENT SHALL BE SUBMITTED TO THE OHIO STATE UNIVERSITY HOSPITALS BOARD CHAIR AT LEAST SEVEN DAYS PRIOR TO THE SCHEDULED DATE FOR REVIEW.
 - (4) NEW OR ADDITIONAL MATTERS NOT RAISED DURING THE HEARING OR ANY APPEAL TO THE BOARD SHALL ONLY BE INTRODUCED AT THE REVIEW BY THE OHIO STATE UNIVERSITY HOSPITALS BOARD AT THE OHIO STATE UNIVERSITY HOSPITALS BOARD'S SOLE DISCRETION.
 - (5) THE OHIO STATE UNIVERSITY HOSPITALS BOARD MAY AFFIRM, MODIFY OR REJECT ANY PRIOR ACTION, OR REFER THE MATTER BACK TO THE BOARD FOR FURTHER REVIEW AND RECOMMENDATION WITHIN FOURTEEN DAYS. SUCH REFERRAL MAY INCLUDE A REQUEST FOR FURTHER INVESTIGATION. THE OHIO STATE UNIVERSITY HOSPITALS BOARD'S ACTION SHALL BE SENT CERTIFIED RETURN RECEIPT MAIL TO THE AFFECTED MEDICAL STAFF MEMBER'S LAST KNOWN ADDRESS AS DETERMINED BY HOSPITAL RECORDS.
- (L) APPEAL TO THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY.
- (1) IF THE AFFECTED MEDICAL STAFF MEMBER WISHES TO APPEAL THE FINAL ACTION OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD, THE MEMBER MAY WITHIN FOURTEEN DAYS AFTER NOTIFICATION OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD'S ACTION REQUEST THE ENTIRE RECORD OF PROCEEDINGS OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD BE FORWARDED TO THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY FOR REVIEW. IF SUCH REVIEW IS NOT REQUESTED WITHIN SUCH FOURTEEN DAY PERIOD, THE AFFECTED PRACTITIONER SHALL BE DEEMED TO HAVE WAIVED THE RIGHT TO THE APPEAL AND TO HAVE ACCEPTED THE ACTION OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD, AND THE SAME SHALL BECOME EFFECTIVE IMMEDIATELY. THE OHIO STATE UNIVERSITY BOARD, IN ITS DISCRETION, MAY UPON REVIEW OF THE RECORD ACCEPT, REJECT, OR MODIFY THE ACTION OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD. IT MAY REQUEST THE RECORD OF PROCEEDINGS OF THE EXECUTIVE COMMITTEE AS WELL AS ANY INFORMATION CONSIDERED BY THE BOARD AND THE OHIO STATE UNIVERSITY HOSPITALS BOARD IN ORDER TO TAKE SPECIFIC ACTION RELATING TO THE MATTER UNDER REVIEW.
 - (2) THE SECRETARY OF THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY SHALL NOTIFY THE EXECUTIVE COMMITTEE AND THE OHIO STATE UNIVERSITY HOSPITALS BOARD OF THE ACTION TAKEN BY THE

BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY. SUBSEQUENT TO THIS NOTIFICATION, THE SECRETARY OF THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY SHALL SEND NOTICE TO THE AFFECTED MEDICAL STAFF MEMBER OF THE FINAL ACTION TAKEN ON THE APPEAL.

3335-45-09 ADMINISTRATION OF THE HOSPITAL.

(A) ACADEMIC LEADERSHIP OF THE DEAN.

THE HOSPITAL, THE BOARD AND THE MEDICAL STAFF SHALL IN A MANNER CONSISTENT WITH THE OHIO STATE UNIVERSITY HOSPITALS, LEND ITS EFFORTS TO ASSURE THAT THE PROGRAMS OF THE HEALTH SCIENCES COLLEGES ARE EFFECTIVELY SUPPORTED IN COLLABORATION WITH THE HOSPITALS' PATIENT CARE PROGRAMS. IN ACKNOWLEDGEMENT OF THE IMPORTANCE OF THIS ACADEMIC MISSION, THE DEAN SHALL RECEIVE THE COOPERATION OF THE MEDICAL STAFF TO IMPLEMENT ACADEMIC PROGRAMS AND EXERCISE AUTHORITY OVER ACADEMIC MATTERS IN A MANNER COMMENSURATE WITH THE AUTHORITY PROVIDED TO THE DEAN UNDER THE BYLAWS OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD.

(B) HOSPITAL EXECUTIVE LEADERSHIP.

THE OHIO STATE UNIVERSITY HOSPITALS BOARD AND THE BOARD AUTHORIZE AND FULLY EXTEND THE AUTHORITY OF THE EXECUTIVE DIRECTOR OF THE OHIO STATE UNIVERSITY HOSPITALS TO SERVE AS THE CHIEF EXECUTIVE OFFICER OF THE HOSPITAL, WITH THE SAME DUTIES AND RESPONSIBILITIES FOR THE HOSPITAL AS HE OR SHE HAS AT THE OHIO STATE UNIVERSITY HOSPITALS.

(C) MEDICAL DIRECTOR LEADERSHIP.

THE OHIO STATE UNIVERSITY HOSPITALS BOARD AND THE BOARD AUTHORIZE AND FULLY EXTEND THE AUTHORITY OF THE MEDICAL DIRECTOR OF THE OHIO STATE UNIVERSITY HOSPITALS TO SERVE AS THE MEDICAL DIRECTOR OF THE HOSPITAL, WITH THE SAME DUTIES AND RESPONSIBILITIES FOR THE HOSPITAL AS HE OR SHE HAS AT THE OHIO STATE UNIVERSITY HOSPITALS.

3335-45-10 OFFICERS.

(A) OFFICERS OF THE MEDICAL STAFF.

THE ELECTED OFFICERS OF THE MEDICAL STAFF SHALL BE:

- (1) CHIEF OF STAFF;
- (2) CHIEF OF STAFF-ELECT; AND
- (3) REPRESENTATIVE OF THE COURTESY STAFF.

(B) QUALIFICATIONS OF OFFICERS.

- (1) OFFICERS MUST BE MEMBERS OF THE MEDICAL STAFF AT THE TIME OF NOMINATION AND ELECTION, AND MUST REMAIN MEMBERS IN GOOD STANDING DURING THEIR TERM OF OFFICE. FAILURE TO MAINTAIN SUCH STATUS SHALL IMMEDIATELY CREATE A VACANCY IN THE OFFICE INVOLVED.
- (2) THE MEDICAL DIRECTOR, ASSOCIATE MEDICAL DIRECTORS, ASSISTANT MEDICAL DIRECTORS AND CHIEFS OF CLINICAL DEPARTMENTS ARE NOT ELIGIBLE TO SERVE AS CHIEF OF STAFF OR CHIEF OF STAFF-ELECT

UNLESS THEY ARE REPLACED IN THEIR ADMINISTRATIVE ROLE DURING THE PERIOD OF THEIR TERM IN OFFICE.

(C) NOMINATION.

- (1) AT LEAST THIRTY DAYS PRIOR TO AN ANNUAL MEETING OF THE MEDICAL STAFF AT WHICH OFFICERS WILL BE ELECTED, THE EXECUTIVE COMMITTEE WILL APPOINT FIVE MEMBERS OF THE ACTIVE MEDICAL STAFF TO SERVE AS A NOMINATING COMMITTEE. THE NOMINATING COMMITTEE SHALL SELECT ONE OR MORE NOMINEES FOR EACH OFFICE, INCLUDING A REPRESENTATIVE OF THE COURTESY MEDICAL STAFF AND A SLATE LISTING THE NAMES OF ALL NOMINEES SHALL BE POSTED IN A CONSPICUOUS PLACE AT THE MEDICAL STAFF ENTRANCE TO THE HOSPITAL AND TRANSMITTED IN WRITING DIRECTLY TO EACH MEMBER OF THE MEDICAL STAFF ENTITLED TO VOTE AT LEAST FOURTEEN DAYS PRIOR TO THE ANNUAL MEETING.
- (2) AT AN ANNUAL MEETING OF THE MEDICAL STAFF AT WHICH OFFICERS WILL BE ELECTED, ANY MEMBER OF THE ACTIVE MEDICAL STAFF OR COURTESY STAFF WITH RESPECT TO THE COURTESY STAFF REPRESENTATIVE POSITION WILL HAVE THE OPPORTUNITY TO OFFER OTHER NOMINATIONS OF QUALIFIED STAFF MEMBERS FROM THE FLOOR.

(D) ELECTION OF OFFICERS.

- (1) OFFICERS SHALL BE ELECTED AT THE ANNUAL MEETING OF THE MEDICAL STAFF.
- (2) ONLY MEMBERS OF THE ACTIVE MEDICAL STAFF SHALL BE ELIGIBLE TO VOTE EXCEPT FOR THE COURTESY STAFF REPRESENTATIVE WHO SHALL BE ELECTED BY THE MEMBERS OF THE COURTESY STAFF.
- (3) IF THERE ARE THREE OR MORE CANDIDATES FOR ANY OFFICE AND NO CANDIDATE RECEIVES A MAJORITY OF THE VOTES CAST, THERE WILL BE SUCCESSIVE BALLOTING SO THAT THE CANDIDATE RECEIVING THE FEWEST VOTES IS OMITTED FROM EACH SUCCESSIVE SLATE UNTIL A MAJORITY IS OBTAINED BY ONE CANDIDATE.

(E) TERM OF OFFICE.

- (1) ALL OFFICERS SHALL SERVE A TWO YEAR TERM, BEGINNING ON THE FIRST DAY OF JULY FOLLOWING THEIR ELECTION.
- (2) THE CHIEF OF STAFF MAY NOT BE ELECTED CHIEF OF STAFF-ELECT WITHIN ONE YEAR OF THE END OF THE CHIEF OF STAFF'S TERM IN OFFICE.
- (3) THERE IS NO LIMITATION ON THE NUMBER OF TERMS A PERSON MAY SERVE AS AN OFFICER, PROVIDED HOWEVER THAT THE COURTESY MEDICAL STAFF REPRESENTATIVE MAY SERVE ONLY THREE CONSECUTIVE TERMS AND MAY NOT BE RE-ELECTED UNTIL THAT REPRESENTATIVE HAS BEEN OUT OF OFFICE FOR TWO YEARS. NO PERSON, HOWEVER, SHALL HOLD MORE THAN ONE OFFICE DURING ANY THREE YEAR TERM.

(F) VACANCIES IN OFFICE.

- (1) VACANCIES IN THE OFFICE OF CHIEF OF STAFF DURING THE TERM WILL BE AUTOMATICALLY SUCCEEDED AND PERFORMED BY THE CHIEF OF STAFF-ELECT. WHEN THE UNEXPIRED TERM IS ONE YEAR OR LESS, THE NEW

CHIEF OF STAFF WILL CONTINUE IN OFFICE UNTIL THE COMPLETION OF HIS OR HER EXPECTED TERM IN THAT OFFICE. WHEN THE UNEXPIRED TERM IS MORE THAN ONE YEAR, THE NEW CHIEF OF STAFF WILL SERVE UNTIL THE END OF THE TERM OF THE CHIEF OF STAFF HE OR SHE REPLACED.

- (2) VACANCIES IN THE OFFICE OF CHIEF OF STAFF-ELECT WILL BE FILLED BY A SPECIAL ELECTION HELD WITHIN SIXTY DAYS OF ESTABLISHING THE VACANCY. THE NOMINATING COMMITTEE WILL MAKE NOMINATIONS AND A SPECIAL MEETING OF THE ATTENDING STAFF WILL BE CALLED TO ADD NOMINATIONS AND ELECT THE REPLACEMENT. THE NEW CHIEF OF STAFF-ELECT WILL BECOME CHIEF OF STAFF AT THE END OF THE TERM OF THE INCUMBENT.
- (3) VACANCIES IN THE COURTESY STAFF REPRESENTATIVE POSITION WILL BE FILLED BY APPOINTMENT BY THE CHIEF OF STAFF TO SERVE UNTIL THE NEXT SCHEDULED ELECTION.

(G) DUTIES OF OFFICERS.

(1) CHIEF OF STAFF.

THE CHIEF OF STAFF SHALL:

- (a) COORDINATE AND COOPERATE WITH THE MEDICAL DIRECTOR ON ALL MATTERS OF MUTUAL CONCERN IN THE HOSPITAL.
- (b) CALL, PRESIDE AT, AND BE RESPONSIBLE FOR THE AGENDA OF ALL GENERAL AND SPECIAL MEETINGS OF THE MEDICAL STAFF.
- (c) SERVE AS THE VICE-CHAIR OF THE EXECUTIVE COMMITTEE.
- (d) SERVE AS AN EX OFFICIO MEMBER OF ALL COMMITTEES OF THE MEDICAL STAFF.
- (e) JOINTLY WITH THE MEDICAL DIRECTOR, BE RESPONSIBLE FOR THE ENFORCEMENT OF THESE MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS, AND FOR IMPLEMENTATION OF SANCTIONS WHERE THEY ARE AUTHORIZED BY THE BOARD.
- (f) JOINTLY WITH THE MEDICAL DIRECTOR APPOINT MEMBERS TO AND CHAIRS OF ALL COMMITTEES OF THE MEDICAL STAFF EXCEPT AS OTHERWISE PROVIDED BY THESE RULES WITH APPROVAL OF THE EXECUTIVE COMMITTEE AND THE BOARD.
- (g) REPRESENT THE VIEWS, POLICIES, NEEDS AND GRIEVANCES OF THE MEDICAL STAFF TO THE MEDICAL DIRECTOR AND EXECUTIVE DIRECTOR OF THE HOSPITAL, AND, WHEN APPROPRIATE, THROUGH THE MEDICAL DIRECTOR OR EXECUTIVE COMMITTEE TO THE BOARD.
- (h) FILL ANY VACANCY WHICH OCCURS IN THE POSITION OF THE COURTESY MEDICAL STAFF REPRESENTATIVE TO THE EXECUTIVE COMMITTEE.
- (i) BE SPOKESPERSON FOR THE MEDICAL STAFF IN ITS EXTERNAL PROFESSIONAL AND PUBLIC RELATIONS.
- (j) BE REPRESENTATIVE TO THE COUNCIL OF THE COLUMBUS MEDICAL ASSOCIATION OR SELECT A REPRESENTATIVE TO SERVE

ON THE COUNCIL.

- (k) SERVE ON THOSE COMMITTEES OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD OR THE OHIO STATE UNIVERSITY HOSPITALS EAST BOARD AS APPOINTED BY THE CHAIRPERSON(S) OF THE BOARD.
 - (l) APPOINT A REPRESENTATIVE TO THE MEDICAL STAFF TO THE AMERICAN MEDICAL ASSOCIATION.
- (2) CHIEF OF STAFF-ELECT.

THE CHIEF OF STAFF-ELECT SHALL:

- (a) ASSUME ALL OF THE DUTIES AND RESPONSIBILITIES OF THE CHIEF OF STAFF IN THE CHIEF OF STAFF'S ABSENCE OR IF THE CHIEF OF STAFF IS UNABLE TO DO SO IN ACCORDANCE WITH THE PROVISIONS OF THESE RULES.
 - (b) SERVE AS A MEMBER OF THE EXECUTIVE COMMITTEE.
 - (c) PERFORM SUCH OTHER DUTIES AS MAY BE ASSIGNED BY THE CHIEF OF STAFF OR THE EXECUTIVE COMMITTEE.
 - (d) KEEP RECORDS OF ALL MEETINGS OF THE MEDICAL STAFF AND OVERSEE THE INCLUSION OF CHANGES IN THE MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS.
 - (e) SERVE ON THOSE COMMITTEES OF THE BOARD AS APPOINTED BY THE CHAIRPERSON OF THE BOARD.
- (3) REPRESENTATIVE OF THE COURTESY STAFF.

THE REPRESENTATIVE OF THE COURTESY STAFF SHALL SERVE ON THE EXECUTIVE COMMITTEE AS PROVIDED FOR IN PARAGRAPH (E) OF RULE 3335-45-11 OF THE ADMINISTRATIVE CODE.

(H) SUSPENSION/REMOVAL OF OFFICERS.

ANY OFFICER MAY BE SUSPENDED OR REMOVED FROM OFFICE FOR CAUSE BY EITHER A TWO-THIRDS VOTE OF THE EXECUTIVE COMMITTEE MEMBERS IN ATTENDANCE AT A MEETING IN WHICH A QUORUM IS PRESENT, OR BY A TWO-THIRDS VOTE OF THE VOTING MEMBERS OF THE MEDICAL STAFF IN ATTENDANCE AT A MEETING IN WHICH A QUORUM IS PRESENT. UPON THE WRITTEN REQUEST OF THE AFFECTED OFFICER TO THE EXECUTIVE COMMITTEE WITHIN FOURTEEN DAYS OF ANY SUSPENSION OR REMOVAL BY THE EXECUTIVE COMMITTEE, THE SUSPENSION OR REMOVAL WILL BE SUBMITTED FOR REVIEW BY THE VOTING MEMBERS OF THE MEDICAL STAFF AT A SPECIAL MEETING CALLED FOR SUCH PURPOSE. RATIFICATION OF THE EXECUTIVE COMMITTEE ACTION REQUIRES AN AFFIRMATIVE VOTE OF TWO-THIRDS OF THE VOTING MEMBERS OF THE MEDICAL STAFF IN ATTENDANCE AT A MEETING IN WHICH A QUORUM IS PRESENT. THE SUSPENSION OR REMOVAL OF AN OFFICER IS AN ACTION THAT IS NOT SUBJECT TO ANY OTHER APPEAL.

3335-45-11 COMMITTEES.

(A) GENERAL DESIGNATION AND SUBSTITUTION.

- (1) THERE SHALL BE AN EXECUTIVE COMMITTEE, A BYLAWS COMMITTEE, AND SUCH OTHER STANDING AND SPECIAL COMMITTEES OF THE MEDICAL

STAFF RESPONSIBLE TO THE EXECUTIVE COMMITTEE AS MAY FROM TIME TO TIME BE NECESSARY AND DESIRABLE TO PERFORM REQUIRED MEDICAL STAFF FUNCTIONS. THE EXECUTIVE COMMITTEE MAY ESTABLISH A MEDICAL STAFF COMMITTEE TO PERFORM ONE OR MORE OF THE REQUIRED MEDICAL STAFF FUNCTIONS.

- (2) COMMITTEES OF THE MEDICAL STAFF SHALL BE DESIGNATED AS STANDING OR SPECIAL. STANDING COMMITTEES SHALL CONSIST OF THE EXECUTIVE COMMITTEE AND THE MEDICAL STAFF BYLAWS COMMITTEE. SPECIAL COMMITTEES SHALL BE THOSE COMMITTEES THAT THE EXECUTIVE COMMITTEE SHALL FROM TIME TO TIME DETERMINE TO BE NECESSARY AND CREATE.

WHENEVER THESE RULES REQUIRE THAT A FUNCTION BE PERFORMED BY OR THAT A REPORT OR RECOMMENDATION TO:

- (a) A NAMED MEDICAL STAFF COMMITTEE BUT NO SUCH COMMITTEE SHALL EXIST, THE MEDICAL EXECUTIVE COMMITTEE SHALL PERFORM SUCH FUNCTION OR RECEIVE SUCH REPORT OR RECOMMENDATION; OR
 - (b) THE EXECUTIVE COMMITTEE, BUT A STANDING OR SPECIAL COMMITTEE SHALL HAVE BEEN FORMED TO PERFORM THE FUNCTION, THE COMMITTEE SO FORMED SHALL ACT IN ACCORDANCE WITH THE AUTHORITY DELEGATED TO IT.
- (3) THE CHIEF OF STAFF AND THE MEDICAL DIRECTOR SHALL SERVE AS AN EX- OFFICIO MEMBER OF ALL COMMITTEES OF THE MEDICAL STAFF.
 - (4) ALL COMMITTEE MEMBERS, UNLESS SPECIFICALLY PROVIDED OTHERWISE, ARE APPOINTED JOINTLY BY THE CHIEF OF STAFF AND THE MEDICAL DIRECTOR, WITH THE CONSENT OF A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE.

(B) TERM.

UNLESS OTHERWISE SPECIFIED HEREIN, ALL COMMITTEE APPOINTMENTS SHALL BE FOR THE MEDICAL STAFF YEAR.

(C) COMMITTEE CHAIR.

UNLESS OTHERWISE SPECIFIED HEREIN, THE CHAIR OF EACH COMMITTEE SHALL BE DETERMINED AS PROVIDED FOR IN PARAGRAPH (G)(1)(f) OF RULE 3335-45-10 OF THE ADMINISTRATIVE CODE, WITH THE EXCEPTION OF THE EXECUTIVE COMMITTEE WHICH SHALL BE CHAIRED BY THE MEDICAL DIRECTOR.

(D) AUTHORITY AND MANNER OF ACTING.

- (1) ALL COMMITTEES OF THE MEDICAL STAFF, EXCEPT THE EXECUTIVE COMMITTEE, ARE SUBJECT TO THE AUTHORITY OF, AND SHALL REPORT TO THE EXECUTIVE COMMITTEE.
- (2) ANY PERSON SERVING AS A MEMBER OF A COMMITTEE OF THE MEDICAL STAFF EXCEPT AN EX-OFFICIO MEMBER, SHALL BE ENTITLED TO VOTE ON ANY MATTER BEFORE THE COMMITTEE FOR CONSIDERATION.
- (3) UNLESS OTHERWISE PROVIDED IN THESE RULES OR DIRECTED, IN WRITING, BY THE EXECUTIVE COMMITTEE, ANY COMMITTEE MAY RECOMMEND ANY ACTION TO THE EXECUTIVE COMMITTEE BY THE VOTE

OF A MAJORITY OF ITS MEMBERS PRESENT AT A MEETING IN WHICH A QUORUM IS PRESENT.

- (4) COMMITTEES ARE AUTHORIZED TO PERFORM SUCH FUNCTIONS AS ARE SPECIFIED IN THESE RULES OR AS MAY BE DIRECTED BY THE EXECUTIVE COMMITTEE.
- (5) ALL COMMITTEES SHALL PREPARE AND FILE MINUTES OF ALL MEETINGS WITH THE OFFICE OF THE MEDICAL DIRECTOR.

(E) EXECUTIVE COMMITTEE.

- (1) COMPOSITION. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHIEF OF STAFF; CHIEF OF STAFF-ELECT THE CHIEFS OF THE DEPARTMENTS OF SURGERY, INTERNAL MEDICINE, FAMILY MEDICINE, EMERGENCY MEDICINE, MUSCULOSKELETAL DISEASES; ONE ELECTED OFFICER REPRESENTATIVE OF THE COURTESY MEDICAL STAFF; ONE INDIVIDUAL REPRESENTING ALL THREE CLINICAL DEPARTMENTS OF ANESTHESIOLOGY, PATHOLOGY AND RADIOLOGY; MEDICAL DIRECTOR OF TALBOT HALL; MEDICAL DIRECTOR; MEDICAL DIRECTOR OF THE OHIO STATE UNIVERSITY HOSPITALS; CHIEF EXECUTIVE OFFICER AND THE DEAN OR DESIGNEE.
- (2) ANY MEMBER OF THE COMMITTEE WHO ANTICIPATES ABSENCE FROM A MEETING OF THE COMMITTEE MAY APPOINT A TEMPORARY SUBSTITUTE TO REPRESENT HIM OR HER AT THE MEETING. THE TEMPORARY SUBSTITUTE WILL HAVE ALL THE RIGHTS OF THE ABSENT MEMBER. THE CHIEF EXECUTIVE OFFICER MAY INVITE ANY MEMBER OF THE CHIEF EXECUTIVE OFFICER'S STAFF TO REPRESENT HIM OR HER AT A MEETING OR TO ATTEND ANY MEETING.
- (3) THE CHAIR OF THE COMMITTEE MAY INVITE ANY GUESTS AS NON-VOTING MEMBERS OF THE COMMITTEE.
- (4) THE CHAIR OF THE QUALITY IMPROVEMENT COMMITTEE WILL ATTEND EACH MEETING ON AN EX-OFFICIO BASIS.
- (5) DUTIES AND RESPONSIBILITIES. THE DUTIES OF THE EXECUTIVE COMMITTEE ARE:
 - (a) REPRESENT AND TO ACT FOR THE MEDICAL STAFF IN INTERVALS BETWEEN MEDICAL STAFF MEETINGS, SUBJECT TO SUCH LIMITATIONS AS MAY BE IMPOSED BY THESE RULES, BYLAWS OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD, THE BYLAWS OR RULES OF THE TRUSTEES OF THE OHIO STATE UNIVERSITY.
 - (b) TO RECEIVE AND ACT UPON REPORTS AND RECOMMENDATIONS FROM MEDICAL STAFF COMMITTEES, CLINICAL DEPARTMENTS, SERVICES, AND ASSIGNED ACTIVITY GROUPS;
 - (c) TO DELEGATE APPROPRIATE STAFF BUSINESS TO COMMITTEES WHILE RETAINING THE RIGHT OF EXECUTIVE RESPONSIBILITY AND AUTHORITY OVER ALL MEDICAL STAFF COMMITTEES;
 - (d) TO APPOINT COMMITTEES TO MEET THE NEEDS OF THE MEDICAL STAFF;
 - (e) TO PROVIDE A LIAISON BETWEEN THE MEDICAL STAFF, MEDICAL DIRECTOR AND THE BOARD;

- (f) TO IMPLEMENT APPROVED POLICIES AND PROCEDURES OF THE MEDICAL STAFF;
 - (g) TO ESTABLISH AND MAINTAIN RULES AND REGULATIONS GOVERNING THE MEDICAL STAFF;
 - (h) TO RECOMMEND ACTIONS TO THE MEDICAL DIRECTOR AND EXECUTIVE DIRECTOR OF THE HOSPITALS ON MATTERS OF MEDICO-ADMINISTRATIVE NATURE;
 - (i) TO INFORM THE MEDICAL STAFF OF ALL ACTIONS AFFECTING THE MEDICAL STAFF, CHANGES IN COMMITTEES AND THE ELIMINATION OF SUCH COMMITTEES AS CIRCUMSTANCES SHALL REQUIRE;
 - (j) TO RECOMMEND TO THE BOARD THROUGH THE MEDICAL DIRECTOR ALL MATTERS RELATING TO APPOINTMENTS, REAPPOINTMENTS AND TERMINATIONS, STAFF CATEGORIZATION, CLINICAL DEPARTMENT/SERVICE ASSIGNMENTS, CLINICAL PRIVILEGES, AND CORRECTIVE AND DISCIPLINARY ACTIONS;
 - (k) TO FULFILL THE MEDICAL STAFF'S ACCOUNTABILITY TO THE BOARD FOR THE QUALITY OF THE OVERALL MEDICAL CARE RENDERED TO PATIENTS IN THE HOSPITAL;
 - (l) TO INFORM THE MEDICAL STAFF OF THE JCAHO ACCREDITATION PROGRAMS AND THE ACCREDITATION STATUS OF THE HOSPITAL;
 - (m) TO TAKE ALL REASONABLE STEPS TO ENSURE ETHICAL PROFESSIONAL CONDUCT AND COMPETENT CLINICAL PERFORMANCE ON THE PART OF ALL MEMBERS OF THE MEDICAL STAFF AND ANY OTHER PRACTITIONERS OR ALLIED HEALTH PROFESSIONALS PROVIDING PATIENT CARE IN THE HOSPITAL; AND
 - (n) TO UNDERTAKE ALL DUTIES ASSIGNED TO THE EXECUTIVE COMMITTEE IN THESE RULES OR DIRECTED BY BOARD THROUGH MEDICAL DIRECTOR;
 - (o) TO ORGANIZE THE MEDICAL STAFF PERFORMANCE IMPROVEMENT ACTIVITIES AND ESTABLISH A MECHANISM DESIGNED TO CONDUCT, EVALUATE AND REVISE SUCH ACTIVITIES; AND
 - (p) TO REVIEW THE FAIR HEARING PROCEDURES SET FORTH IN THE RULES.
- (6) MEETINGS. THE EXECUTIVE COMMITTEE WILL MEET AT LEAST MONTHLY AT SUCH TIME AND PLACE AS THE EXECUTIVE COMMITTEE SHALL DETERMINE. THE AGENDA FOR EXECUTIVE COMMITTEE MEETINGS WILL BE MADE UNDER PROCEDURES THAT THE EXECUTIVE COMMITTEE WILL ESTABLISH FOR ITS INTERNAL GOVERNANCE.
- (F) BYLAWS COMMITTEE.
- THE BYLAWS COMMITTEE SHALL:
- (1) CONDUCT A PERIODIC REVIEW, BUT NO LESS THAN EVERY TWO YEARS, OF THE MEDICAL STAFF BYLAWS, RULES AND REGULATION, PROCEDURES, AND FORMS TO CONSIDER CHANGES, AMENDMENTS AND REVISIONS AS ADVISABLE OR REQUIRED BY LAW, OR OTHER AUTHORITIES SUCH AS THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS.

- (2) SUBMIT RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE AND TO THE MEDICAL STAFF REGARDING THESE DOCUMENTS.
- (3) REVIEW SUCH MATTERS REFERRED TO IT BY THE BOARD, THE MEDICAL EXECUTIVE COMMITTEE, THE CHIEF OF STAFF, THE CREDENTIALS COMMITTEE, ONE OR MORE CLINICAL DEPARTMENTS, MEMBERS OF THE MEDICAL STAFF OR THE CHIEF MEDICAL DIRECTOR OF THE HOSPITAL.

(G) TERMINATION OF COMMITTEES.

- (1) A STANDING COMMITTEE OF THE MEDICAL STAFF MAY BE ABOLISHED BY AMENDMENT TO THESE RULES IN ACCORDANCE WITH THE PROVISIONS OF RULE 3335-45-18 OF THE ADMINISTRATIVE CODE.
- (2) A SPECIAL COMMITTEE OF THE MEDICAL STAFF MAY BE ABOLISHED BY THE IMPOSITION OF A SPECIFIC LIMITATION UPON ITS DURATION, OR, AT ANY TIME, BY A RESOLUTION ADOPTED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE.

(H) CERTAIN REVIEW FUNCTIONS.

THE MEDICAL STAFF, THROUGH THE APPROPRIATE CLINICAL DEPARTMENTS, EXECUTIVE COMMITTEE OR OTHER STANDING OR SPECIAL COMMITTEES, SHALL PERFORM OR PARTICIPATE IN THE FOLLOWING REVIEW FUNCTIONS:

- (1) REVIEW OF SURGICAL AND OTHER INVASIVE PROCEDURES, TO BE CONDUCTED MONTHLY;
- (2) MONITOR AND EVALUATE CARE PROVIDED IN AND DEVELOP MEDICAL POLICY FOR: SPECIAL CARE AREAS SUCH AS INTENSIVE OR CORONARY CARE UNITS, PATIENT CARE SUPPORT SERVICES, SUCH AS RESPIRATORY THERAPY, PHYSICAL MEDICINE AND ANESTHESIA, AND EMERGENCY, OUTPATIENT, HOME CARE AND OTHER AMBULATORY CARE SERVICES;
- (3) DRUG USE EVALUATION AND BLOOD TRANSFUSIONS;
- (4) REVIEW OF THE QUALITY OF MEDICAL RECORDS, TO BE CONDUCTED AT LEAST QUARTERLY;
- (5) BLOOD USAGE REVIEW, COVERING ALL CATEGORIES OF BLOOD AND BLOOD COMPONENTS IN THE HOSPITAL;
- (6) PHARMACY AND THERAPEUTICS FUNCTION REVIEW, TO BE CONDUCTED IN COOPERATION WITH THE PHARMACEUTICAL DEPARTMENT, NURSING DEPARTMENT, HOSPITAL ADMINISTRATION AND, AS REQUIRED, OTHER DEPARTMENTS OF THE HOSPITAL;
- (7) RISK MANAGEMENT ACTIVITIES RELATED TO CLINICAL ASPECTS OF PATIENT CARE AND SAFETY;
- (8) OTHER REVIEW FUNCTIONS, INCLUDING INFECTION CONTROL, INTERNAL AND EXTERNAL DISASTER PLANS, HOSPITAL SAFETY AND UTILIZATION REVIEW;
- (9) MEDICAL ASSESSMENT AND TREATMENT OF PATIENTS;
- (10) EFFICIENCY AND SIGNIFICANT DEPARTURES FROM CLINICAL PRACTICE PATTERNS;

- (11) PROVIDE CONTINUING PROFESSIONAL EDUCATION RESPONSIVE TO EVALUATION FINDINGS AND NEW CLINICAL DEVELOPMENTS; AND
- (12) DIRECT STAFF ORGANIZATIONAL ACTIVITIES INCLUDING MEDICAL STAFF BYLAWS REVIEW, STAFF OFFICER AND COMMITTEE SELECTIONS, LIAISON WITH THE BOARD AND HOSPITAL ADMINISTRATION, AND REVIEW AND MAINTENANCE OF HOSPITAL ACCREDITATION.

3335-45-12 CLINICAL DEPARTMENTS.

(A) ORGANIZATION OF THE MEDICAL STAFF OF THE HOSPITAL INTO CLINICAL DEPARTMENTS AND DIVISIONS.

- (1) EACH MEMBER OF THE ACTIVE, COURTESY, HONORARY, CONSULTING, PROVISIONAL MEDICAL STAFF AND PHYSICIANS IN TRAINING SHALL BE ASSIGNED TO A CLINICAL DEPARTMENT OR DIVISION UPON THE RECOMMENDATION OF THE CHIEF OF THE CLINICAL DEPARTMENT CONCERNED SUBJECT TO THE APPROVAL OF THE MEDICAL DIRECTOR, EXECUTIVE COMMITTEE AND THE BOARD.
- (2) THERE SHALL BE THREE ACADEMIC DEPARTMENTS AT THE HOSPITAL: DEPARTMENTS OF MUSCULOSKELETAL DISEASES, FAMILY MEDICINE, AND EMERGENCY MEDICINE.
- (3) CLINICAL DEPARTMENTS OF THE MEDICAL STAFF INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:
 - (a) DEPARTMENT OF INTERNAL MEDICINE.
 - (b) DEPARTMENT OF FAMILY PRACTICE.
 - (c) DEPARTMENT OF SURGERY.
 - (d) DEPARTMENT OF ANESTHESIOLOGY.
 - (e) DEPARTMENT OF RADIOLOGY.
 - (f) DEPARTMENT OF PATHOLOGY.
 - (g) DEPARTMENT OF EMERGENCY MEDICINE.
 - (h) DEPARTMENT OF MUSCULOSKELETAL DISEASES.
 - (i) DEPARTMENT OF DRUG AND ALCOHOL REHABILITATION (TALBOT HALL).

(B) CLINICAL DEPARTMENTAL CHIEFS.

- (1) QUALIFICATIONS OF CLINICAL DEPARTMENTAL CHIEFS. CLINICAL DEPARTMENTAL CHIEFS MUST BE ACTIVE MEMBERS OF THE MEDICAL STAFF. IN THE HOSPITAL-BASED CLINICAL DEPARTMENTS (ANESTHESIOLOGY, RADIOLOGY, PATHOLOGY AND EMERGENCY DEPARTMENTS), THE CLINICAL DEPARTMENTAL CHIEFS MUST BE A MEMBER OF THE PROVISIONAL OR ACTIVE MEDICAL STAFF AT THE TIME OF APPOINTMENT.

ALL CLINICAL DEPARTMENTAL CHIEFS MUST REMAIN MEMBERS IN GOOD STANDING DURING THE TERM OF OFFICE. FAILURE TO MAINTAIN SUCH STATUS WILL BE GROUNDS FOR IMMEDIATE SUSPENSION FROM THE OFFICE OF THE CLINICAL DEPARTMENTAL CHIEF. EACH CLINICAL

DEPARTMENT CHIEF SHALL BE QUALIFIED BY EDUCATION AND EXPERIENCE APPROPRIATE TO THE DISCHARGE OF THE RESPONSIBILITIES OF THE POSITION. QUALIFICATIONS FOR THE CHIEF OF THE CLINICAL DEPARTMENT GENERALLY SHALL INCLUDE RECOGNIZED CLINICAL COMPETENCE, SOUND JUDGMENT, AND WELL-DEVELOPED ADMINISTRATIVE SKILLS.

- (2) APPOINTMENT OF CLINICAL DEPARTMENTAL CHIEFS. THE ACADEMIC DEPARTMENT CHAIR WILL ORDINARILY SERVE ALSO AS THE CHIEF OF THE CLINICAL DEPARTMENT. WHENEVER THERE IS NO ACADEMIC DEPARTMENT AT THE HOSPITAL, THE MEDICAL DIRECTOR, IN CONSULTATION WITH THE DEAN OF THE COLLEGE OF MEDICINE AND PUBLIC HEALTH OR DEAN OF DENTISTRY WHEN APPROPRIATE, SHALL RECOMMEND THE APPOINTMENT OF A CLINICAL DEPARTMENTAL CHIEF OR ACTING CLINICAL DEPARTMENTAL CHIEF TO THE BOARD AFTER APPROVAL BY THE EXECUTIVE COMMITTEE. ALL APPOINTMENTS OF CLINICAL DEPARTMENTAL CHIEFS SHALL BE SUBJECT TO APPROVAL BY THE BOARD.
- (3) TERM. THE CLINICAL DEPARTMENTAL CHIEFS SHALL SERVE FOUR YEAR TERMS USUALLY BEGINNING THE FIRST DAY OF JULY FOLLOWING APPOINTMENT. ALL CLINICAL DEPARTMENTAL CHIEFS ARE SUBJECT TO PERIODIC PERFORMANCE REVIEWS BY THE EXECUTIVE COMMITTEE AND BOARD, AND THEY MAY BE REMOVED FOR CAUSE. PRIOR TO THE END OF THE FOUR YEAR APPOINTMENT, A FORMAL REVIEW WILL BE CONDUCTED AND WILL SERVE AS THE BASIS OF THE RECOMMENDATION FOR REAPPOINTMENT. THE REAPPOINTMENT PROCEDURE WILL BE AS OUTLINED IN (B)(2) OF THIS PARAGRAPH.
- (4) RESPONSIBILITIES. CLINICAL DEPARTMENTAL CHIEFS SHALL:
 - (a) BE ACCOUNTABLE TO THE EXECUTIVE COMMITTEE FOR ALL CLINICALLY RELATED ACTIVITY AND MEDICAL STAFF ADMINISTRATIVE ACTIVITIES WITHIN THE CLINICAL DEPARTMENT;
 - (b) UNDERTAKE A CONTINUOUS REVIEW OF THE PROFESSIONAL PERFORMANCE OF THE MEMBERS OF THE MEDICAL STAFF WITH CLINICAL PRIVILEGES IN THE CLINICAL DEPARTMENT;
 - (c) REVIEW THE CLINICAL PERFORMANCE, PHYSICAL AND MENTAL HEALTH OF ALL MEDICAL STAFF MEMBERS IN THE CLINICAL DEPARTMENT AND ON THE BASIS OF THIS REVIEW, PREPARE EVALUATIONS AND RECOMMENDATIONS TO THE CREDENTIALS COMMITTEE OF PRACTITIONERS WHO EITHER HAVE, OR ARE REQUESTING, CLINICAL PRIVILEGES IN THE DEPARTMENT AT THE TIME OF INITIAL APPOINTMENT, REAPPOINTMENT OR AT ANY TIME THAT THE PRACTITIONER REQUESTS THAT HIS OR HER CLINICAL PRIVILEGES BE CHANGED;
 - (d) RECOMMEND TO THE CREDENTIALS COMMITTEE AND THE EXECUTIVE COMMITTEE THE CRITERIA FOR THE GRANTING OF CLINICAL PRIVILEGES IN THE CLINICAL DEPARTMENT;
 - (e) IMPLEMENT A PROCESS FOR REGULAR REVIEW AND EVALUATION OF THE QUALITY AND APPROPRIATENESS OF PATIENT CARE AND TREATMENT OF PATIENTS SERVED BY THE CLINICAL DEPARTMENT/SERVICE AND THE CLINICAL PERFORMANCE OF ALL INDIVIDUALS WITH CLINICAL PRIVILEGES IN THE CLINICAL DEPARTMENT;

- (f) PROMOTE THE PARTICIPATION OF CLINICAL DEPARTMENT MEMBERS IN CLINICAL DEPARTMENTAL ORIENTATION AND CONTINUING EDUCATION PROGRAMS, AND CLINICAL DEPARTMENTAL MEETINGS, IDENTIFICATION OF IMPORTANT ASPECTS OF CARE FOR THE CLINICAL DEPARTMENT, INDICATORS USED TO MONITOR QUALITY AND APPROPRIATENESS AND THE EVALUATION OF QUALITY AND APPROPRIATENESS;
- (g) APPOINT COMMITTEES, AS NEEDED, TO CONDUCT CLINICAL DEPARTMENT FUNCTIONS;
- (h) ENFORCE COMPLIANCE BY PRACTITIONERS IN THE CLINICAL DEPARTMENT WITH HOSPITAL POLICY AND THE MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS;
- (i) PARTICIPATE IN THE BUDGETARY PLANNING FOR THE CLINICAL DEPARTMENT AND THE PREPARATION OF ANY REQUIRED ANNUAL REPORTS;
- (j) CALL MEETINGS AT LEAST QUARTERLY OF THE CLINICAL DEPARTMENT, PRESIDING OVER SUCH MEETINGS AND KEEPING, OR CAUSING TO BE KEPT, ACCURATE AND COMPLETE MINUTES OF SUCH MEETINGS; MINUTES OF THE MEETING, INCLUDING A RECORD OF ATTENDANCE WILL BE KEPT IN THE CLINICAL DEPARTMENTAL AND THE MEDICAL DIRECTOR'S OFFICE. GREATER THAN FIFTY PER CENT OF UNEXCUSED ABSENCE COULD SERVE AS THE BASIS FOR A RECOMMENDATION OF NON-APPOINTMENT TO THE MEDICAL STAFF;
- (k) ATTEND TO, OR CAUSING THE ATTENDANCE TO, ALL CORRESPONDENCE OF THE CLINICAL DEPARTMENT;
- (l) SUCH OTHER RESPONSIBILITIES AS MAY BE ASSIGNED BY THE MEDICAL DIRECTOR, EXECUTIVE COMMITTEE OR THE BOARD;
- (m) ASSESS AND MAKE RECOMMENDATION TO THE MEDICAL DIRECTOR AT LEAST ANNUALLY ON THE SPACE AND RESOURCE NEEDS OF THE CLINICAL DEPARTMENT INCLUDING OFFSITE SOURCES FOR NEEDED PATIENT CARE SERVICES NOT PROVIDED BY THE CLINICAL DEPARTMENT OR THE HOSPITAL;
- (n) INTEGRATE THE CLINICAL DEPARTMENT INTO THE PRIMARY FUNCTIONS OF THE HOSPITAL;
- (o) COORDINATE AND INTEGRATE INTRADEPARTMENTAL AND INTERDEPARTMENTAL SERVICES;
- (p) DEVELOP AND IMPLEMENTING POLICIES AND PROCEDURES THAT GUIDE AND SUPPORT THE PROVISION OF SERVICES;
- (q) RECOMMEND A SUFFICIENT NUMBER OF QUALIFIED AND COMPETENT PERSONS TO PROVIDE CARE OR SERVICE;
- (r) DETERMINE QUALIFICATIONS AND COMPETENCE OF CLINICAL DEPARTMENT OR SERVICE PERSONNEL WHO ARE NOT LICENSED INDEPENDENT PRACTITIONERS AND WHO PROVIDE PATIENT CARE SERVICES; AND
- (s) RECOMMEND SPACE AND OTHER RESOURCES NEEDED BY THE

CLINICAL DEPARTMENT.

(C) FUNCTIONS OF CLINICAL DEPARTMENTS.

- (1) EACH CLINICAL DEPARTMENT WILL FUNCTION AS A COMPONENT OF THE MEDICAL STAFF UNDER THE AUTHORITY OF THE EXECUTIVE COMMITTEE.
- (2) EACH CLINICAL DEPARTMENT SHALL MEET, SEPARATELY OR JOINTLY WITH ANOTHER CLINICAL DEPARTMENT OR DEPARTMENTS, AT LEAST ONCE EVERY TWO MONTHS (BIMONTHLY), TO CONSIDER THE FINDINGS OF THE ONGOING MONITORING AND EVALUATION OF THE QUALITY AND APPROPRIATENESS OF THE CARE AND TREATMENT PROVIDED TO PATIENTS AS REQUIRED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS. A RECORD OF THE CONCLUSIONS, RECOMMENDATIONS AND ACTION TAKEN ON THESE FINDINGS IS MAINTAINED.
- (3) EACH CLINICAL DEPARTMENT SHALL SUBMIT REPORTS TO THE EXECUTIVE COMMITTEE DETAILING THE CLINICAL DEPARTMENT'S ACTIVITIES, INCLUDING MINUTES OF EACH CLINICAL DEPARTMENTAL MEETING.

(D) ASSIGNMENT TO CLINICAL DEPARTMENTS.

- (1) AT THE TIME OF INITIAL APPOINTMENT OR ANY REAPPOINTMENT, EACH MEMBER OF THE MEDICAL STAFF WILL BE ASSIGNED TO AT LEAST ONE CLINICAL DEPARTMENT, BUT MAY BE GRANTED CLINICAL PRIVILEGES IN MORE THAN ONE CLINICAL DEPARTMENT.
- (2) THE EXERCISE OF CLINICAL PRIVILEGES BY A PRACTITIONER WITHIN ANY CLINICAL DEPARTMENT SHALL BE SUBJECT TO THE RULES AND REGULATIONS OF THAT CLINICAL DEPARTMENT AND THE DEFINED AUTHORITY OF THE CLINICAL DEPARTMENTAL CHIEF.
- (3) IN ORDER TO ASSURE THAT ALL PATIENTS WITH THE SAME MAJOR HEALTH PROBLEM ARE RECEIVING THE SAME LEVEL OF CARE, MEDICAL TREATMENT PERFORMED IN EACH CLINICAL DEPARTMENT SHALL BE INCLUDED IN THAT CLINICAL DEPARTMENT'S EVALUATION ACTIVITIES, REGARDLESS OF THE CLINICAL DEPARTMENTAL ASSIGNMENTS HELD BY THE PRACTITIONER PROVIDING THE CARE.

(E) CLINICAL SECTIONS AND SUBSECTIONS.

CLINICAL SECTIONS OR SUBSECTIONS MAY BE ADDED OR DELETED UPON THE RECOMMENDATION OF THE CLINICAL DEPARTMENT CHIEF WITH THE CONCURRENCE OF A MAJORITY OF THE EXECUTIVE COMMITTEE. THE CHIEF OF A CLINICAL DEPARTMENT MAY APPOINT A SECTION CHIEF SUBJECT TO THE APPROVAL OF THE MEDICAL DIRECTOR AND THE EXECUTIVE COMMITTEE.

3335-45-13 MEETINGS.

(A) ANNUAL MEETING.

THE INITIAL ANNUAL MEETING OF THE HOSPITAL MEDICAL STAFF SHALL BE HELD NO LATER THAN JUNE 30, 1999. THEREAFTER, THE ANNUAL MEETING OF THE MEDICAL STAFF SHALL BE HELD AS A PART OF THE REGULARLY SCHEDULED QUARTERLY MEETING IN MAY. THE AGENDA OF THE ANNUAL MEETING WILL INCLUDE THE ELECTION OF OFFICERS WHOSE TERMS HAVE EXPIRED. THOSE PERSONS ELECTED AS OFFICERS SHALL ASSUME THEIR RESPECTIVE ELECTED POSITIONS ON THE FIRST DAY OF THE NEXT MEDICAL STAFF YEAR, PROVIDED THAT THE INITIAL MEDICAL STAFF OFFICERS SHALL SERVE UNTIL THE NEXT

ANNUAL MEETING. THE INITIAL MEDICAL STAFF OFFICERS SHALL NOT BE SUBJECT TO THE LIMITATION OF OFFICE CONTAINED IN PARAGRAPH (E) OF RULE 3335-45-10 OF THE ADMINISTRATIVE CODE.

(B) QUARTERLY MEETINGS.

QUARTERLY MEETINGS OF THE OHIO STATE UNIVERSITY HOSPITALS EAST MEDICAL STAFF SHALL BE HELD IN FEBRUARY, MAY, AUGUST AND NOVEMBER.

(C) COMMITTEE AND CLINICAL DEPARTMENTAL MEETINGS.

COMMITTEE AND CLINICAL DEPARTMENTAL MEETINGS WILL BE HELD IN ACCORDANCE WITH THE PROVISIONS OF RULES 3335-45-11 AND 3335-45-12 OF THE ADMINISTRATIVE CODE.

(D) SPECIAL MEETINGS.

(1) ACTIVE MEDICAL STAFF MEETINGS.

(a) SPECIAL MEETINGS OF THE ACTIVE MEDICAL STAFF MAY BE CALLED AT ANY TIME BY THE CHIEF OF STAFF AT HIS OR HER DISCRETION, OR AT THE REQUEST OF THE MEDICAL DIRECTOR, THE EXECUTIVE COMMITTEE, OR THE BOARD, OR ANY TWENTY MEMBERS OF THE ACTIVE MEDICAL STAFF.

(b) WRITTEN OR ORAL NOTICE STATING THE PLACE, DAY AND TIME OF ANY SPECIAL MEETING SHALL BE DELIVERED PERSONALLY OR BY MAIL TO EACH VOTING MEMBER OF THE MEDICAL STAFF AT LEAST FIVE DAYS BEFORE THE DATE OF SUCH MEETING. IF MAILED, SUCH NOTICE SHALL BE POSTMARKED AT LEAST SEVEN DAYS BEFORE THE DATE OF SUCH MEETING. THE ATTENDANCE OF A MEMBER OF THE MEDICAL STAFF AT A SPECIAL MEETING SHALL CONSTITUTE A WAIVER OF NOTICE OF SUCH MEETING.

(c) NO BUSINESS SHALL BE TRANSACTED AT ANY SPECIAL MEETING EXCEPT THAT STATED IN THE NOTICE CALLING THE MEETING.

(2) CLINICAL DEPARTMENT OR COMMITTEE MEETINGS.

(a) SPECIAL MEETINGS OF A CLINICAL DEPARTMENT OR COMMITTEE MAY BE CALLED AT ANY TIME BY THE CHIEF OF SUCH CLINICAL DEPARTMENT OR CHAIR OF SUCH COMMITTEE AT HIS OR HER DISCRETION OR AT THE REQUEST OF THE MEDICAL DIRECTOR, CHIEF OF STAFF, EXECUTIVE COMMITTEE, BOARD OR AT THE REQUEST OF NO LESS THAN FIFTY PER CENT OF THE PRACTITIONERS WHO ARE MEMBERS OF SUCH CLINICAL DEPARTMENT OR COMMITTEE.

(b) WRITTEN OR ORAL NOTICE STATING THE PLACE, DAY AND HOUR OF ANY SPECIAL MEETING OF A CLINICAL DEPARTMENT OR COMMITTEE SHALL BE GIVEN EACH PRACTITIONER WHO IS A MEMBER OF SUCH CLINICAL DEPARTMENT OR COMMITTEE NOT LESS THAN FIVE DAYS BEFORE THE TIME OF SUCH MEETING. IF MAILED, SUCH NOTICE SHALL BE POSTMARKED AT LEAST SEVEN DAYS BEFORE THE DATE OF SUCH MEETING. THE ATTENDANCE OF A PRACTITIONER AT A SPECIAL MEETING SHALL CONSTITUTE A WAIVER OF NOTICE OF SUCH MEETING.

- (3) THE AGENDA AT ANY SPECIAL MEETING SHALL BE:
 - (a) READING OF THE NOTICE CALLING THE MEETING;
 - (b) TRANSACTION OF BUSINESS FOR WHICH THE MEETING WAS CALLED; AND
 - (c) ADJOURNMENT.
- (E) ATTENDANCE.
 - (1) ACTIVE MEDICAL STAFF MEMBERS MUST ATTEND AT LEAST FIFTY PER CENT OF THE GENERAL MEDICAL STAFF MEETINGS EACH CALENDAR YEAR, AND FIFTY PER CENT OF ALL MEETINGS OF COMMITTEES AND CLINICAL DEPARTMENTS OF WHICH THEY ARE A MEMBER.
 - (2) THE FAILURE OF ANY PRACTITIONER TO MEET THE ANNUAL ATTENDANCE REQUIREMENTS SET FORTH HEREIN MAY BE GROUNDS FOR INITIATING CORRECTIVE ACTION.
- (F) EXCUSED ABSENCES.
 - (1) A PRACTITIONER WHO IS UNABLE TO ATTEND ANY MEETING IN WHICH THE PRACTITIONER'S ATTENDANCE IS REQUIRED MAY SUBMIT THE REASONS FOR HIS OR HER ABSENCE IN WRITING TO THE PRESIDING OFFICER OF THE MEETING EITHER PRIOR TO THE MEETING OR WITHIN SEVENTY-TWO HOURS AFTER THE MEETING.
 - (2) THE PRESIDING OFFICER, IN HIS OR HER DISCRETION, MAY FIND THAT THERE IS GOOD CAUSE FOR THE ABSENCE AND EXCUSE THE PRACTITIONER FROM ATTENDANCE AT SUCH MEETING.
 - (3) NOTWITHSTANDING A FINDING OF GOOD CAUSE FOR A PRACTITIONER'S ABSENCE FROM A MEETING, AN EXCUSED ABSENCE SHALL BE COUNTED AS AN ABSENCE FOR PURPOSES OF DETERMINING WHETHER A PRACTITIONER HAS MET ALL ATTENDANCE REQUIREMENTS SET FORTH IN THESE RULES.

3335-45-14 ALLIED HEALTH PROFESSIONALS.

- (A) GENERAL.
 - (1) ALLIED HEALTH PROFESSIONALS ARE THOSE PROFESSIONALS WHO ARE ENUMERATED IN THE APPENDIX TO THIS RULE WHO POSSESS A LICENSE, CERTIFICATE OR OTHER LEGAL CREDENTIAL REQUIRED BY OHIO LAW TO PROVIDE DIRECT PATIENT CARE IN A HOSPITAL SETTING, BUT WHO IS NEITHER A LICENSED PRACTITIONER NOR AN EMPLOYEE OF THE HOSPITAL MAY APPLY TO BE AN ALLIED HEALTH PROFESSIONAL AUTHORIZED TO PRACTICE HIS OR HER PROFESSION IN THE HOSPITAL.
 - (2) ALLIED HEALTH PROFESSIONALS HAVE NO AUTHORITY TO ADMIT OR CO-ADMIT PATIENTS TO THE HOSPITAL, AND ARE NOT ELIGIBLE FOR MEDICAL STAFF MEMBERSHIP, TO HOLD OFFICE, TO VOTE ON MEDICAL STAFF AFFAIRS, OR TO SERVE ON STANDING COMMITTEES OF THE MEDICAL STAFF UNLESS SPECIFICALLY AUTHORIZED BY THE EXECUTIVE COMMITTEE.
 - (3) THE ALLIED HEALTH PROFESSIONALS STAFF IS CREATED FOR THE PURPOSE OF PROVIDING A MECHANISM FOR THE MEDICAL STAFF AND THE

HOSPITAL TO DOCUMENT AND VERIFY THE CREDENTIALS OF PERSON WHO, UNDER THEIR LICENSE, CERTIFICATE OR OTHER LEGAL CREDENTIAL, ARE PERMITTED BY OHIO LAW TO PROVIDE PATIENT CARE IN THE HOSPITAL AS AN ADJUNCT TO TREATMENT BY PRACTITIONERS WHO ARE MEMBERS OF THE MEDICAL STAFF.

- (4) ALL ALLIED HEALTH PROFESSIONALS WILL BE INDIVIDUALLY ASSIGNED TO MEDICAL STAFF DEPARTMENTS, OR, IF APPROPRIATE, TO MEMBERS OF THE MEDICAL STAFF.
- (5) ALL SERVICES RENDERED BY ALLIED HEALTH PROFESSIONALS MUST BE UNDER THE SUPERVISION AND DIRECTION OF, AND SUBJECT TO ANY POLICIES, PROCEDURES, PRIVILEGES AND RESTRICTIONS ADOPTED BY, THE APPLICABLE MEDICAL STAFF DEPARTMENT OR MEDICAL STAFF MEMBER.
- (6) ALL ALLIED HEALTH PROFESSIONALS MUST COMPLY WITH ALL LIMITATIONS AND RESTRICTIONS IMPOSED BY THEIR RESPECTIVE LICENSES, CERTIFICATIONS, OR LEGAL CREDENTIALS REQUIRED BY OHIO LAW, AND MAY ONLY PERFORM SERVICES IN ACCORDANCE WITH PROVISIONS RELATING TO THEIR RESPECTIVE PROFESSIONS CONTAINED IN THE APPENDIX TO THIS RULE.

(B) DESCRIPTIONS AND LIMITATIONS OF ALLIED HEALTH PROFESSIONALS.

- (1) ALLIED HEALTH PROFESSIONALS SHALL BE PERMITTED TO PRACTICE THEIR PROFESSIONS IN THE HOSPITAL ONLY IN ACCORDANCE WITH THE DESCRIPTIONS FOR THE RESPECTIVE PROFESSIONS CONTAINED IN THE APPENDIX TO OF THIS RULE.
- (2) THE EXECUTIVE COMMITTEE, WITH THE APPROVAL OF THE BOARD MAY, AT ANYTIME, MAKE MODIFICATIONS, ADDITIONS OR DELETIONS TO THE DESCRIPTIONS CONTAINED IN THE APPENDIX WITHOUT AMENDMENT TO THIS RULE.
- (3) ALLIED HEALTH PROFESSIONALS' CLINICAL PRIVILEGES SHALL BE DELINEATED WITH SUFFICIENT SPECIFICITY TO ENSURE THAT THE PROFESSIONAL IS PRACTICING WITHIN HIS/HER LICENSURE PARAMETERS.

(C) QUALIFICATIONS FOR APPOINTMENT.

- (1) APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL IS A PRIVILEGE THAT WILL ONLY BE GRANTED TO PROFESSIONALLY COMPETENT INDIVIDUALS WHO MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS OF THEIR RESPECTIVE LICENSURE, CERTIFICATION, OR OTHER LEGAL AUTHORIZATION.
- (2) ONLY INDIVIDUALS WHO CAN DOCUMENT THE FOLLOWING SHALL BE QUALIFIED FOR APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL:
 - (a) CURRENT LICENSE, CERTIFICATION, OR OTHER LEGAL CREDENTIAL REQUIRED BY OHIO LAW;
 - (b) EDUCATION, TRAINING, PROFESSIONAL BACKGROUND AND EXPERIENCE, AND PROFESSIONAL COMPETENCE;
 - (c) ADHERENCE TO THE ETHICS OF THE PROFESSION FOR WHICH AN INDIVIDUAL HOLDS A LICENSE, CERTIFICATION, OR OTHER LEGAL CREDENTIAL REQUIRED BY OHIO LAW;

- (d) GOOD PERSONAL AND PROFESSIONAL REPUTATION AS ESTABLISHED BY APPROPRIATE REFERENCES;
- (e) SATISFACTORY PHYSICAL AND MENTAL HEALTH; AND
- (f) ABILITY TO WORK WITH MEMBERS OF THE MEDICAL STAFF AND HOSPITAL EMPLOYEES.

THIS DOCUMENTATION MUST BE PRESENTED WITH SUFFICIENT ADEQUACY TO ASSURE THE MEDICAL STAFF AND THE HOSPITAL THAT ANY PATIENT CARED FOR BY THE PERSON SEEKING APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL WILL BE GIVEN QUALITY CARE, AND THAT THE EFFICIENT OPERATION OF THE HOSPITAL WILL NOT BE DISRUPTED BY SUCH PERSON'S CARE OF PATIENTS IN THE HOSPITAL.

(D) CONDITIONS OF ACCEPTANCE.

AN INDIVIDUAL ACCEPTING APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL AGREES TO THE FOLLOWING TERMS AND CONDITIONS:

- (1) THE ALLIED HEALTH PROFESSIONAL HAS READ THE MEDICAL STAFF BYLAWS OF THE HOSPITAL AND AGREES TO ABIDE BY ALL APPLICABLE TERMS OF SUCH MEDICAL STAFF BYLAWS AND ANY APPLICABLE RULES AND REGULATIONS, INCLUDING ANY SUBSEQUENT AMENDMENTS THERETO, AND ANY APPLICABLE HOSPITAL POLICIES THE HOSPITAL MAY FROM TIME TO TIME PUT INTO EFFECT;
- (2) THE ALLIED HEALTH PROFESSIONAL GRANT FULL IMMUNITY TO THE HOSPITAL FROM LIABILITY UNDER THE PROVISIONS OF RULE 3335-45-04 OF THE ADMINISTRATIVE CODE;
- (3) THE ALLIED HEALTH PROFESSIONAL SHALL NOT DECEIVE A PATIENT AS TO THE IDENTITY OF ANY PRACTITIONER PROVIDING TREATMENT OR SERVICE IN THE HOSPITAL;
- (4) THE ALLIED HEALTH PROFESSIONAL SHALL NOT MAKE ANY STATEMENT OR TAKE ANY ACTION THAT MIGHT CAUSE A PATIENT TO BELIEVE THAT THE ALLIED HEALTH PROFESSIONAL IS A PRACTITIONER;
- (5) THE ALLIED HEALTH PROFESSIONAL SHALL NOT PERFORM ANY PATIENT CARE IN THE HOSPITAL THAT IS NOT PERMITTED UNDER THE ALLIED HEALTH PROFESSIONAL'S LICENSE, CERTIFICATION, OR OTHER LEGAL CREDENTIAL REQUIRED UNDER OHIO LAW; AND
- (6) THE ALLIED HEALTH PROFESSIONAL SHALL CONTINUE TO MAINTAIN IN FORCE MALPRACTICE INSURANCE IN AN AMOUNT THAT WILL NOT BE LESS THAN THAT SPECIFIED BY THE BOARD.

(E) APPLICATION FOR APPOINTMENT.

PERSONS SEEKING APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL SHALL MAKE APPLICATION IN THE SAME MANNER AS PROVIDED IN PARAGRAPH (A) OF RULE 3335-45-04 OF THE ADMINISTRATIVE CODE.

(F) ACTION ON APPOINTMENT.

- (1) UPON RECEIPT OF AN APPLICATION FOR APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL, THE MEDICAL DIRECTOR SHALL REVIEW THE APPLICATION FOR COMPLETENESS. AN INCOMPLETE APPLICATION WILL

- BE RETURNED TO THE APPLICANT FOR COMPLETION AND RESUBMISSION.
 - (2) UPON RECEIPT OF AN APPLICATION THAT HAS BEEN VERIFIED FOR COMPLETENESS, THE CHIEF OF THE CLINICAL DEPARTMENT SUPERVISING THE ALLIED HEALTH PROFESSIONAL WILL REVIEW THE APPLICATION AND MAKE RECOMMENDATION FOR THE SCOPE OF PRIVILEGES TO BE GRANTED. THE APPLICATION WILL BE FORWARDED TO ALLIED HEALTH CREDENTIALS SUBCOMMITTEE APPOINTED BY THE EXECUTIVE COMMITTEE.
 - (3) UPON RECEIPT OF A COMPLETED APPLICATION, THE ALLIED HEALTH CREDENTIALS SUBCOMMITTEE SHALL PROCEED TO:
 - (a) REVIEW AND INVESTIGATE THE CHARACTER, QUALIFICATIONS AND PROFESSIONAL COMPETENCE OF THE APPLICANT;
 - (b) VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THE APPLICATION; AND
 - (c) REQUEST A PERSONAL INTERVIEW WITH THE APPLICANT IF DEEMED APPROPRIATE.
 - (4) FOLLOWING RECEIPT OF THE COMPLETED APPLICATION, THE ALLIED HEALTH CREDENTIALS SUBCOMMITTEE WILL FORWARD A WRITTEN RECOMMENDATION FOR PRIVILEGES TO THE CREDENTIALS COMMITTEE.
 - (5) AT ITS REGULARLY SCHEDULED MEETING, THE CREDENTIALS COMMITTEE WILL REVIEW AND ACT ON THE RECOMMENDATIONS FOR ALLIED HEALTH PRIVILEGES SUBMITTED BY THE ALLIED HEALTH CREDENTIALS COMMITTEE. THE RECOMMENDATION OF THE CREDENTIALS COMMITTEE IS FORWARDED TO THE EXECUTIVE COMMITTEE.
 - (6) AT THE NEXT REGULARLY SCHEDULED MEETING, THE EXECUTIVE COMMITTEE WILL REVIEW AND ACT ON THE RECOMMENDATION FOR ALLIED HEALTH PRIVILEGES AND FORWARD A WRITTEN RECOMMENDATION TO THE BOARD FOR FURTHER ACTION.
 - (7) AT THE NEXT REGULARLY SCHEDULED MEETING THE BOARD, AFTER THE WRITTEN RECOMMENDATION HAS BEEN FORWARDED TO THE BOARD, WILL MAKE A FINAL DECISION ON THE APPLICATION FOR APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL. THE MEDICAL DIRECTOR SHALL NOTIFY THE APPLICANT OF THE DECISION OF THE BOARD OF TRUSTEES. THERE SHALL BE NO RIGHT OF APPEAL OF AN ADVERSE DECISION.
- (G) TEMPORARY APPOINTMENT.
- (1) THE MEDICAL DIRECTOR, WITH THE CONCURRENCE OF THE CHIEF OF STAFF, OR HIS OR HER DELEGATE AND THE CHIEF OF THE CLINICAL DEPARTMENT CONCERNED, MAY TEMPORARILY APPOINT A PERSON AS AN ALLIED HEALTH PROFESSIONAL UNDER THE FOLLOWING CIRCUMSTANCES:
 - (a) WHEN THE MEDICAL DIRECTOR BELIEVES CIRCUMSTANCES WARRANT GRANTING TEMPORARY APPOINTMENT DURING THE PROCESSING OF A PERSON'S APPLICATION FOR APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL; OR
 - (b) TO A PERSON WHO HAS NOT APPLIED FOR APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL, BUT HAS BEEN REQUESTED TO ASSIST A MEMBER OF THE MEDICAL STAFF IN THE CARE OF A SPECIFIC PATIENT.

- (2) SPECIAL REQUIREMENTS OF SUPERVISION AND REPORTING WILL BE IMPOSED BY THE MEDICAL DIRECTOR, THE CHIEF OF STAFF, OR ANY CHIEF OF ANY CLINICAL DEPARTMENT CONCERNED WITH A PERSON GRANTED TEMPORARY APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL.

(H) TERM OF APPOINTMENT.

- (1) THE APPOINTMENT OF A PERSON AS AN ALLIED HEALTH PROFESSIONAL IS TERMINABLE AT ANY TIME, WITH OR WITHOUT CAUSE, BY THE MEDICAL DIRECTOR, THE CHIEF OF STAFF, THE EXECUTIVE COMMITTEE, OR THE BOARD. THE HOSPITAL SPECIFICALLY DOES NOT CREATE ANY PROPERTY INTEREST OR EXPECTATION OF CONTINUING APPOINTMENT IN ANY PERSON APPOINTED AS AN ALLIED HEALTH PROFESSIONAL.
- (2) THE PROVISIONS OF RULE 3335-45-08 OF THE ADMINISTRATIVE CODE SPECIFICALLY DO NOT APPLY TO ALLIED HEALTH PROFESSIONALS, AND THERE IS NO RIGHT TO APPEAL OF THE DENIAL OF AN APPOINTMENT OR THE TERMINATION OF AN APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL.

(I) REAPPRAISAL.

- (1) ON A BIENNIAL BASIS, THE MEDICAL DIRECTOR SHALL NOTIFY ALLIED HEALTH PROFESSIONALS PROVIDING PATIENT CARE IN THE HOSPITAL THAT THE INFORMATION SUBMITTED IN THE INITIAL APPLICATION MUST BE UPDATED TO INCLUDE ALL CURRENT INFORMATION ON EACH ALLIED HEALTH PROFESSIONAL.
- (2) WITHIN SIXTY DAYS OF SUCH NOTICE, EACH ALLIED HEALTH PROFESSIONAL SHALL PROVIDE THE REQUESTED INFORMATION TO THE MEDICAL DIRECTOR. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY RESULT IN TERMINATION OF APPOINTMENT.
- (3) THE MEDICAL DIRECTOR SHALL REVIEW THE UPDATED INFORMATION OF EACH ALLIED HEALTH PROFESSIONAL, AND THE MEDICAL DIRECTOR MAY TAKE ANY ACTION HE OR SHE DEEMS APPROPRIATE, INCLUDING REFERRING THE INFORMATION TO THE CHIEF OF STAFF, THE CHIEF OF THE CLINICAL DEPARTMENT, OR TO THE INDIVIDUAL PHYSICIAN, IF ANY, TO WHOM THE ALLIED HEALTH PROFESSIONAL IS ASSIGNED. IF THE ACTION RESULTS IN A CHANGE IN STATUS OF THE ALLIED HEALTH PROFESSIONAL, THE ACTION MUST BE APPROVED BY THE BOARD.
- (4) THE ALLIED HEALTH PROFESSIONAL SHALL RECEIVE WRITTEN NOTIFICATION OF HIS OR HER REAPPOINTMENT OR NON-REAPPOINTMENT, AND A COPY OF SUCH NOTIFICATION SHALL BE MAINTAINED IN THE HOSPITAL'S RECORDS.

3335-45-15 MEDICAL ADMINISTRATIVE PERSONNEL.

(A) MEDICAL STAFF MEMBERSHIP.

- (1) ANY PRACTITIONER PERFORMING EXCLUSIVELY ADMINISTRATIVE RESPONSIBILITIES WITH NO CLINICAL RESPONSIBILITY OR FUNCTION SHALL NOT BE REQUIRED TO BE A MEMBER OF THE MEDICAL STAFF.
- (2) ANY PRACTITIONER PERFORMING ADMINISTRATIVE RESPONSIBILITIES WHO ALSO HAS CLINICAL RESPONSIBILITIES OR FUNCTIONS MUST, AT ALL TIMES, BE A MEMBER OF THE MEDICAL STAFF. APPLICATIONS TO BECOME A MEMBER OF THE MEDICAL STAFF, AND ANY SUBSEQUENT

REAPPOINTMENT, SHALL BE GOVERNED BY THE PROVISIONS OF RULE 3335-45-04 OF THE ADMINISTRATIVE CODE.

(B) TERMINATION AND CHANGE IN STATUS.

A PRACTITIONER WHO HAS BOTH ADMINISTRATIVE AND CLINICAL RESPONSIBILITIES MAY HAVE SUCH ADMINISTRATIVE AND CLINICAL RESPONSIBILITIES TERMINATED OR MODIFIED IN THE FOLLOWING MANNER:

- (1) IF THE TERMINATION OR CHANGE IN STATUS RELATES TO THE PRACTITIONER'S MEMBERSHIP ON THE MEDICAL STAFF, THE TERMINATION OR CHANGE IN STATUS SHALL BE GOVERNED BY THE PROVISIONS OF THESE RULES; AND
- (2) IF THE TERMINATION OR CHANGE IN STATUS RELATES TO THE PRACTITIONER'S ADMINISTRATIVE RESPONSIBILITIES, THE TERMINATION OR CHANGE IN STATUS SHALL BE GOVERNED BY THE HOSPITAL POLICY, IF ANY, GOVERNING THE TERMINATION OR CHANGE IN STATUS OF ADMINISTRATIVE PERSONNEL AND THE PRACTITIONER WILL HAVE ACCESS TO THE HOSPITAL'S GRIEVANCE PROCEDURE, IF ANY.

3335-45-16 IMMUNITY FROM LIABILITY.

(A) PRACTITIONERS' RELEASE FROM LIABILITY.

- (1) ANY PRACTITIONER WHO MAKES APPLICATION FOR APPOINTMENT OR REAPPOINTMENT OF THE HOSPITAL'S MEDICAL STAFF, AND EACH PRACTITIONER WHO IS A MEMBER OF THE HOSPITAL'S MEDICAL STAFF HEREBY AGREES AS FOLLOWS:
 - (a) TO THE FULLEST EXTENT PERMITTED BY LAW, EACH PRACTITIONER RELEASES AND GIVES FULL IMMUNITY FROM CIVIL LIABILITY TO ALL MEMBERS OF THE HOSPITAL'S MEDICAL STAFF, ALL REPRESENTATIVES, AGENTS AND EMPLOYEES OF THE HOSPITAL, THE BOARD, THE OHIO STATE UNIVERSITY HOSPITALS BOARD AND THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY, ALL MEMBERS OF ANY PROFESSIONAL REVIEW BODY, AND ALL THIRD PARTIES FOR ALL ACTS, COMMUNICATIONS, REPORTS, RECOMMENDATIONS OR DISCLOSURES, MADE IN GOOD FAITH AND WITHOUT MALICE, PERFORMED OR MADE IN CONNECTION WITH THE HOSPITAL OR ANY OTHER HEALTH CARE INSTITUTION'S ACTIVITIES RELATED TO:
 - (i) APPLICATIONS FOR APPOINTMENT OR CLINICAL PRIVILEGES;
 - (ii) PERIODIC REAPPRAISALS FOR REAPPOINTMENT OR CLINICAL PRIVILEGES;
 - (iii) CORRECTIVE ACTION, INCLUDING SUMMARY SUSPENSION;
 - (iv) HEARINGS AND APPELLATE REVIEWS;
 - (v) QA MONITORING ACTIVITIES;
 - (vi) UTILIZATION REVIEW;
 - (vii) PEER REVIEW;

- (viii) ANY CLINICAL DEPARTMENT OR COMMITTEE OF THE MEDICAL STAFF; AND
 - (xi) ANY OTHER PROFESSIONAL REVIEW ACTIVITIES.
 - (b) THE ACTS, COMMUNICATIONS, REPORTS, RECOMMENDATIONS AND DISCLOSURES REFERRED TO IN THIS RULE MAY RELATE TO A PRACTITIONERS' PROFESSIONAL QUALIFICATIONS, CLINICAL COMPETENCY CHARACTER, MENTAL OR PHYSICAL WELL BEING, ETHICS ABILITY TO GET ALONG WITH OTHERS, OR ANY OTHER AFTER THAT RELATES DIRECTLY OR INDIRECTLY TO THE PRACTITIONER'S ABILITY TO CARE FOR PATIENTS IN A HOSPITAL SETTING; AND
 - (c) THE TERM "THIRD PARTIES" AS USED IN THIS RULE MEANS BOTH INDIVIDUALS AND ORGANIZATIONS, IN WHATEVER FORM, FROM WHOM INFORMATION RELATING TO THE PRACTITIONER HAS BEEN REQUESTED.
- (2) EACH PRACTITIONER SHALL, UPON THE REQUEST OF THE MEDICAL STAFF OR THE HOSPITAL, EXECUTE RELEASES IN ACCORDANCE WITH THE PROVISIONS OF (A)(1) OF THIS PARAGRAPH, IN FAVOR OF THE INDIVIDUALS SPECIFIED THEREIN, SUBJECT TO THE LIMITATION THAT SUCH RELEASES ONLY APPLY TO ACTS, COMMUNICATIONS, REPORTS, RECOMMENDATIONS OR DISCLOSURES MADE, REQUESTED OR RECEIVED IN GOOD FAITH AND WITHOUT MALICE.
 - (3) THE RELEASES PROVIDED IN (A)(1) OF THIS PARAGRAPH SHALL BE INCLUDED ON THE APPLICATION FORMS FOR APPOINTMENT OR REAPPOINTMENT TO THE HOSPITAL'S MEDICAL STAFF, AND BY APPLYING FOR APPOINTMENT, REAPPOINTMENT OR CLINICAL PRIVILEGES, THE APPLICANT EXPRESSLY ACCEPTS THOSE CONDITIONS DURING THE PROCESSING AND CONSIDERATION OF HIS/HER APPLICATION, REGARDLESS OF WHETHER OR NOT HE/SHE IS GRANTED APPOINTMENT OR CLINICAL PRIVILEGES, AND THE CONDITION SHALL APPLY THROUGHOUT THE DURATION OF HIS/HER APPOINTMENT AND ALL REAPPOINTMENTS.
 - (4) ANY ACT, COMMUNICATION, REPORT, RECOMMENDATION OR DISCLOSURE WITH RESPECT TO ANY APPLICATION FOR APPOINTMENT OR REAPPOINTMENT TO THE HOSPITAL'S MEDICAL STAFF MADE IN GOOD FAITH AND AT THE REQUEST OF AN AUTHORIZED REPRESENTATIVE OF THE HOSPITAL OR ANY OTHER HOSPITAL OR HEALTH CARE FACILITY, ANYWHERE AT ANY TIME, FOR THE PURPOSES SET FORTH IN (A)(1) OF THIS PARAGRAPH, SHALL BE PRIVILEGED TO THE FULLEST EXTENT PERMITTED BY LAW. THE PRIVILEGE SHALL EXTEND TO EMPLOYEES OF THE HOSPITAL AND ITS AUTHORIZED REPRESENTATIVES, AND TO THE THIRD PARTIES WHO EITHER SUPPLY OR ARE SUPPLIED INFORMATION OR RECEIVE, RELEASE OR ACT UPON THE SAME.
 - (5) THE HOSPITAL AND ITS AUTHORIZED REPRESENTATIVES ARE SPECIFICALLY AUTHORIZED TO CONSULT WITH THE APPOINTEES TO THE PROFESSIONAL STAFFS OF OTHER HOSPITALS OR HEALTH CARE FACILITIES OR THE MANAGEMENT OF SUCH HOSPITALS OR FACILITIES WITH WHICH THE APPLICANT OR APPOINTEE IS OR HAS BEEN ASSOCIATED, AND WITH OTHERS WHO MAY HAVE INFORMATION BEARING ON THE APPLICANT'S OR APPOINTEE'S PROFESSIONAL QUALIFICATIONS, CREDENTIALS, CLINICAL COMPETENCE, CHARACTER, MENTAL OR EMOTIONAL STABILITY, PHYSICAL CONDITION, ETHICS, BEHAVIOR OR ANY

OTHER MATTER, AND INSPECT ALL RECORDS AND DOCUMENTS THAT MAY BE MATERIAL TO SUCH QUESTIONS.

THE IMMUNITY GRANTED THEREUNDER SHALL BE EXTENDED TO ANY AND ALL HOSPITALS, HEALTH CARE FACILITIES, INDIVIDUALS, INSTITUTIONS, ORGANIZATIONS AND THEIR REPRESENTATIVES WHO IN GOOD FAITH SUPPLY ORAL OR WRITTEN INFORMATION, RECORDS OR DOCUMENTS TO THE HOSPITAL IN RESPONSE TO AN INQUIRY EMANATING FROM THE HOSPITAL OR ITS AUTHORIZED REPRESENTATIVES.

(B) ALLIED HEALTH PROFESSIONALS' RELEASE FROM LIABILITY.

ANY PERSON SEEKING APPOINTMENT AS AN ALLIED HEALTH PROFESSIONAL, AND EACH ALLIED HEALTH PROFESSIONAL, HEREBY AGREES TO RELEASE AND GIVE FULL IMMUNITY FROM CIVIL LIABILITY AND TO EXECUTE ANY REQUESTED RELEASES, IN THE SAME MANNER AND TO THE SAME EXTENT AS IS PROVIDED IN PARAGRAPH (A) OF THIS RULE.

3335-45-17 RULES AND REGULATIONS.

(A) GENERAL.

- (1) THE MEDICAL STAFF SHALL ADOPT SUCH RULES AND REGULATIONS AS MAY BE NECESSARY FOR THE PROPER CONDUCT OF ITS AFFAIRS.
- (2) ANY RULES AND REGULATIONS ADOPTED BY THE MEDICAL STAFF MUST BE IN CONFORMITY WITH THE PROVISIONS OF THESE RULES.

(B) PROCEDURE FOR ADOPTION.

- (1) MEDICAL STAFF RULES AND REGULATIONS, AND ANY AMENDMENT THERETO, SHALL BE ADOPTED BY AN AFFIRMATIVE VOTE OF A MAJORITY OF THE ACTIVE MEDICAL STAFF PRESENT AT A MEETING IN WHICH A QUORUM IS PRESENT AND WHERE NOTICE OF SUCH PROPOSED RULES AND REGULATIONS, OR ANY AMENDMENT THERETO, HAS BEEN GIVEN IN ACCORDANCE WITH RULE 3335-45-03 OF THE ADMINISTRATIVE CODE.
- (2) THE ADOPTION OF MEDICAL STAFF RULES AND REGULATIONS, AND ANY AMENDMENT THERETO, ARE SUBJECT TO, AND EFFECTIVE UPON, THE APPROVAL OF THE BOARD.
- (3) MEMBERS OF THE MEDICAL STAFF WILL BE NOTIFIED IN WRITING OF ANY CHANGES IN THE MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS.

3335-45-18 PROCEDURE FOR AMENDMENT.

- (A) THESE RULES MAY BE AMENDED, IN WHOLE OR PART, BY AN AFFIRMATIVE VOTE OF TWO-THIRDS OF THE ACTIVE MEDICAL STAFF PRESENT AT A MEETING IN WHICH A QUORUM IS PRESENT AND WHERE NOTICE OF SUCH PROPOSED AMENDMENT HAS BEEN GIVEN IN ACCORDANCE WITH RULE 3335-45-08 OF THE ADMINISTRATIVE CODE.
- (B) ANY AMENDMENT SO ADOPTED SHALL BE SUBJECT TO, AND EFFECTIVE UPON, THE APPROVAL OF THE BOARD AND THE APPROVAL OF THE OHIO STATE UNIVERSITY HOSPITALS BOARD AND THE BOARD OF TRUSTEES OF THE OHIO STATE UNIVERSITY. NEITHER THE MEDICAL STAFF NOR THE BOARD MAY UNILATERALLY AMEND THE MEDICAL STAFF BYLAWS EXCEPT AS PROVIDED IN PARAGRAPH (C) OF THIS RULE.

- (C) THE BOARD MAY AMEND THESE RULES ON ITS OWN INITIATIVE IF IMMEDIATE ACTION IS NECESSARY IN ORDER TO COMPLY WITH ANY FEDERAL, STATE AND LOCAL LAW OR REGULATION OR TO AVOID POTENTIAL LIABILITY AND THE MEDICAL STAFF HAS FAILED TO RESPOND TIMELY AS DETERMINED BY THE BOARD, TO THE BOARD'S REQUEST FOR SUCH AN AMENDMENT. ANY AMENDMENT TO THESE RULES ADOPTED BY THE BOARD SHALL BECOME EFFECTIVE WHEN NOTICE IS GIVEN TO THE MEDICAL STAFF.

3335-45-19 FORMS.

- (A) A COMPLETE SET OF FORMS USED IN CONJUNCTION WITH THESE RULES IS AVAILABLE IN THE MEDICAL STAFF OFFICE.
- (B) THE EXECUTIVE COMMITTEE MAY FROM TIME TO TIME MAKE MODIFICATIONS, ADDITIONS OR DELETIONS TO THE FORMS USED IN CONJUNCTION WITH THESE RULES.

3335-45-20 RULES OF CONSTRUCTION.

- (A) "SHALL" AS USED HEREIN IS TO BE CONSTRUED AS MANDATORY.
- (B) THESE RULES SHOULD BE CONSTRUED TO BE GENDER NEUTRAL.

Medical Staff Rules and Regulations of The Ohio State University Hospitals East

86-01 ADMISSIONS AND DISCHARGES.

- (A) ADMISSIONS. PATIENTS CAN ONLY BE ADMITTED TO THE HOSPITAL:
 - (1) BY MEMBERS OF THE MEDICAL STAFF WHO HAVE BEEN GRANTED ADMITTING PRIVILEGES BY THE BOARD.
 - (2) BY PRACTITIONERS WHO HAVE BEEN GRANTED TEMPORARY PRIVILEGES IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS.
- (B) PSYCHIATRIC PATIENTS.
 - (1) THE HOSPITAL IS NOT A LICENSED PSYCHIATRIC FACILITY. IN THE EVENT THAT A PATIENT IS PRESENTED TO THE HOSPITAL WITH AN ILLNESS OR EMOTIONAL PROBLEM THAT SUBSTANTIALLY IMPAIRS THE PATIENT'S CAPACITY TO USE SELF-CONTROL, JUDGMENT AND DISCRETION IN THE CONDUCT OF THE PATIENT'S AFFAIRS AND SOCIAL RELATIONSHIPS (E.G., ATTEMPTED SUICIDE, SUICIDAL GESTURES) THE EMERGENCY DEPARTMENT POLICIES AND PROCEDURES WILL BE FOLLOWED.
 - (2) IF A PATIENT WITH A MENTAL DISORDER IS TREATED IN THE HOSPITAL FOR A MEDICAL CONDITION, IT SHALL BE THE RESPONSIBILITY OF THE ATTENDING PRACTITIONER TO NOTIFY HOSPITAL PERSONNEL OF THE EXISTENCE OF THE MENTAL DISORDER, AND TO ORDER SUCH PRECAUTIONARY MEASURES AS MAY BE NECESSARY UNDER PARAGRAPH (C) OF THIS RULE.
- (C) PROTECTION OF PATIENTS AND OTHERS.

THE ADMITTING PRACTITIONER SHALL BE RESPONSIBLE FOR GIVING SUCH INFORMATION AS MAY BE NECESSARY TO ASSURE THE PROTECTION OF THE PATIENT FROM SELF HARM AND TO ASSURE THE PROTECTION OF OTHERS WHENEVER A PATIENT MIGHT BE A SOURCE OF DANGER.

(D) CONSENT.

A GENERAL CONSENT FORM, SIGNED BY THE PATIENT OR LEGALLY AUTHORIZED PERSON ON BEHALF OF THE PATIENT, MUST BE OBTAINED AT THE TIME OF ADMISSION. ADMITTING OFFICE PERSONNEL SHOULD NOTIFY THE ADMITTING PRACTITIONER WHENEVER SUCH CONSENT HAS NOT BEEN OBTAINED. WHEN SO NOTIFIED, EXCEPT IN AN EMERGENCY, THE PRACTITIONER SHALL HAVE THE OBLIGATION TO OBTAIN PROPER GENERAL CONSENT BEFORE THE PATIENT IS TREATED IN THE HOSPITAL. THIS CONSENT DOES NOT OBVIATE THE PRACTITIONER'S RESPONSIBILITY FOR INFORMING THE PATIENT OF, AND RECEIVING A CONSENT TO, SPECIAL TREATMENT OR SURGICAL PROCEDURES TO BE PERFORMED BY THE PRACTITIONER.

(E) DENTISTS, ORAL AND MAXILLOFACIAL SURGEONS AND PODIATRISTS.

PATIENT ADMITTED FOR DENTAL, ORAL OR PODIATRIC SURGERY MAY BE ADMITTED TO THE SERVICE OF THE DENTIST, ORAL AND MAXILLOFACIAL SURGEON, OR PODIATRIST, IN ACCORDANCE WITH THE MEDICAL STAFF BYLAWS.

(F) ADMISSION THROUGH EMERGENCY ROOM.

EVERY PATIENT IN THE EMERGENCY ROOM WILL BE CARED FOR BY THE EMERGENCY ROOM PHYSICIAN, OR THE PATIENT'S ATTENDING PRACTITIONER. IF HOSPITALIZATION IS INDICATED, THE PATIENT WILL BE ADMITTED UNDER THE CARE OF THE PATIENT'S ATTENDING PRACTITIONER, IF THE ATTENDING PRACTITIONER IS A MEMBER OF THE HOSPITAL MEDICAL STAFF. PATIENTS WHO HAVE NO ATTENDING PRACTITIONER, OR WHOSE PERSONAL PRACTITIONER IS NOT A MEMBER OF THE MEDICAL STAFF WILL BE ADMITTED TO THE CARE OF THE APPROPRIATE CLINICAL DEPARTMENTAL PRACTITIONER ON CALL OR MEMBER OF THE MEDICAL STAFF SELECTED BY THE PATIENT OR THE PATIENT'S ATTENDING PHYSICIAN, PENDING NOTIFICATION AND ACCEPTANCE BY SUCH APPROPRIATE ON-CALL PRACTITIONER.

FOR PURPOSE OF THIS PARAGRAPH, A PRACTITIONER WHO HAS BEEN DESIGNATED AS AN ALTERNATE BY THE ATTENDING PRACTITIONER OR THE CLINICAL DEPARTMENTAL PRACTITIONER ON-CALL MAY ADMIT THE PATIENT TO THE HOSPITAL PURSUANT TO PARAGRAPH (A) OF RULE 86.07 OF THESE RULES AND REGULATIONS.

(G) PATIENT DISCHARGE.

PATIENTS SHALL BE DISCHARGED ONLY UPON WRITTEN ORDER OF THE ATTENDING PRACTITIONER, UNLESS THE PATIENT REQUESTS DISCHARGE AGAINST MEDICAL ADVICE. A PATIENT WHO REQUESTS DISCHARGE AGAINST MEDICAL ADVICE SHALL BE REQUESTED TO SIGN A FORM PROVIDED BY THE HOSPITAL INDICATING THAT THE PATIENT'S DISCHARGE IS AT THE PATIENT'S REQUEST AND AGAINST MEDICAL

ADVICE. AT THE TIME OF DISCHARGE THE ATTENDING PRACTITIONER SHALL SEE THAT THE RECORD IS AS COMPLETE AS POSSIBLE. THE ATTENDING PRACTITIONER IS RESPONSIBLE FOR VERIFYING THE PRINCIPAL DIAGNOSIS, SECONDARY DIAGNOSES, PRINCIPAL PROCEDURE, AND OTHER SIGNIFICANT INVASIVE PROCEDURES IN THE MEDICAL RECORD BY THE TIME OF DISCHARGE. IF A PRINCIPAL DIAGNOSIS CANNOT BE DETERMINED IN THE ABSENCE OF OUTSTANDING TEST RESULTS, THE ATTENDING PRACTITIONER MUST RECORD A "PROVISIONAL" PRINCIPAL DIAGNOSIS BY THE TIME OF DISCHARGE.

(H) TIME OF DISCHARGE.

PATIENTS SHALL BE DISCHARGED BY 11:00 A.M., UNLESS SPECIAL ARRANGEMENTS ARE MADE IN ADVANCE WITH THE HOSPITAL'S ADMISSIONS OFFICE.

(I) PRE-ADMISSION TESTING.

ALL PRACTITIONERS ARE ENCOURAGED TO UTILIZE THE MEDICAL CENTER'S PRE-ADMISSION TESTING PROCEDURES.

86-02 OUTPATIENT/SAME DAY SURGERY.

(A) DEFINITIONS.

AN OUTPATIENT SURGERY PATIENT IS A PATIENT THAT UNDERGOES A SURGICAL PROCEDURE WITHOUT BEING ADMITTED AS AN INPATIENT TO THE MEDICAL CENTER. A SAME DAY SURGERY PATIENT IS A PATIENT THAT UNDERGOES A SURGICAL PROCEDURE ON THE DAY OF ADMISSIONS AS AN INPATIENT TO THE HOSPITAL.

(B) SCHEDULING.

OUTPATIENT/SAME DAY SURGERY PROCEDURES ARE SCHEDULED THROUGH THE APPROPRIATE PERSON. PATIENTS WHO HAVE UNDERGONE PRE-ADMISSION TESTING WILL BE GIVEN PRIORITY SCHEDULING FOR EARLY MORNING SURGERY.

(C) PRE-ADMISSION TESTING.

PRE-ADMISSION TESTING IS RECOMMENDED FOR ALL OUTPATIENT/SAME DAY SURGERY PATIENTS. THE ATTENDING PRACTITIONER SHOULD NOTIFY THE HOSPITAL OF THE PATIENT'S NAME, DIAGNOSIS, PROPOSED PROCEDURE, DATE AND TIME OF SURGERY, TYPE OF ANESTHESIA AND THE PRE-ADMISSION TESTING REQUIRED. THE NURSE SHALL INSTRUCT THE PATIENT ON ANY PREPARATION NECESSARY PRIOR TO THE DAY OF SURGERY, AND THE TIME AND PLACE TO REPORT ON THE DAY OF SURGERY.

(D) PRE-ADMISSION TESTING TIME LIMITS.

FOR OUTPATIENT/SAME-DAY SURGERY PATIENTS, PRE-ADMISSION TESTING MUST BE DONE WITHIN TWENTY-ONE DAYS PRIOR TO THE DATE OF SURGERY; EXCEPT FOR AN EKG WITH INTERPRETATION AND THE REPORT OF A CHEST X-RAY OF ACCEPTABLE QUALITY MADE WITHIN NINETY DAYS PRIOR TO THE DATE OF SURGERY MAY BE UTILIZED.

(E) PATIENTS REQUIRING PREOPERATIVE TESTING.

IT IS THE RESPONSIBILITY OF THE ATTENDING PRACTITIONER TO ENSURE THAT AN OUTPATIENT/SAME-DAY SURGERY PATIENT WHO NEEDS PREOPERATIVE TESTING THE DAY OF THE PROCEDURE (E.G., PATIENT OVER FORTY YEARS OF AGE FOR GENERAL ANESTHESIA) IS INSTRUCTED AS TO ANY SURGICAL PREPARATION AND THE PLACE AND TIME TO REPORT ON THE DAY OF SURGERY. SUCH PATIENTS MUST BE INSTRUCTED TO BE AT THE HOSPITAL TWO HOURS PRIOR TO THE SCHEDULED TIME OF SURGERY.

(F) PATIENTS NOT REQUIRING PREOPERATIVE TESTING.

PATIENTS FOR LOCAL ANESTHESIA NOT REQUIRING PREOPERATIVE TESTING MUST BE AT THE HOSPITAL ONE HOUR PRIOR TO SURGERY.

(G) REGISTRATION.

OUTPATIENT/SAME-DAY SURGERY PATIENTS ARE TO BE INSTRUCTED TO REGISTER WITH THE APPROPRIATE PERSON.

(H) PROCEDURES PERMITTED TO BE PERFORMED ON OUTPATIENT/SAME-DAY SURGERY BASIS.

- (1) UNLESS OTHERWISE APPROVED BY THE MEDICAL DIRECTOR OR ANESTHESIOLOGIST, ONLY PATIENTS WHOSE PHYSICIAN STATUS FALLS WITHIN THE AMERICAN SOCIETY OF ANESTHESIOLOGY ("ASA") CLASSIFICATIONS OF P1, P2 AND P3 MAY UNDERGO OUTPATIENT/SAME-DAY SURGERY IF THEY ARE TO RECEIVE GENERAL ANESTHESIA, REGIONAL ANESTHESIA OR MONITORED ANESTHESIA CARE. PRIOR CONSULTATION AND APPROVAL OF THE MEDICAL DIRECTOR OR ANESTHESIOLOGIST MUST BE OBTAINED BEFORE SCHEDULING PATIENTS WHO FALL OUTSIDE OF THE ABOVE ASA CLASSIFICATIONS. IN ALL CASES THE FINAL DECISION TO PROCEED WILL REST WITH THE MEDICAL DIRECTOR OR ANESTHESIOLOGIST.

P1 - A NORMAL HEALTHY PATIENT

P2 - A PATIENT WITH MILD SYSTEMIC DISEASE

P3 - A PATIENT WITH SEVERE SYSTEMIC DISEASE

P4 - A PATIENT WITH SEVERE SYSTEMIC DISEASE THAT IS A CONSTANT THREAT TO HIS LIFE

P5 - A MORIBUND PATIENT WHO IS NOT EXPECTED TO SURVIVE WITHOUT THE OPERATION

P6 - A DECLARED BRAIN-DEAD PATIENT WHOSE ORGANS ARE BEING REMOVED FOR DONOR PURPOSES

- (2) UNLESS OTHERWISE CONTRAINDICATED, ALL LOCAL ANESTHESIA PROCEDURES MAY BE PERFORMED ON AN OUTPATIENT/SAME-DAY SURGERY BASIS.

(I) HISTORY AND PHYSICAL.

- (1) WITHIN THIRTY DAYS PRIOR TO SURGERY.
- (2) MUST BE UPDATED, IF IN THE INTERVENING PERIOD THE PATIENT WAS HOSPITALIZED OR HAD SURGERY.
- (3) CONSENT SIGNED AND WITNESSED.
- (4) ALL FEMALES REQUIRE A HEMOGLOBIN.
- (5) ALL MALES SIXTY AND OVER REQUIRE A HEMOGLOBIN.
- (6) ALL PATIENTS SIXTY AND OVER REQUIRE AN ELECTROCARDIOGRAM.
- (7) PATIENTS WITH A MEDICAL HISTORY OF HEART DISEASE REQUIRE:
- (a) EKG WITHIN NINETY DAYS.
- (b) H & H AND LYLES (WITHIN TWENTY-ONE DAYS).
- (c) CXR WITHIN SIX MONTHS.
- (d) K + WITHIN THREE DAYS IF ON DIGOXIN.

- (8) PATIENTS WITH A HISTORY OF KIDNEY DISEASE:
 - (a) H & H, LYTES AND BLOOD SUGAR.
 - (b) EKG WITHIN NINETY DAYS.
 - (9) DIALYSIS PATIENTS OR END-STAGE KIDNEY DISEASE:
H & H, LYTES AND BLOOD SUGAR WITHIN THREE DAYS OF SURGERY OR AFTER DIALYSIS.
 - (10) DIABETIC OR ENDOCRINE DISORDER PATIENTS:
 - (a) FASTING GLUCOSE DAY OF SURGERY.
 - (b) EKG WITHIN THREE MONTHS.
 - (11) PATIENTS WITH HISTORY OF LUNG DISEASE:
 - (a) CXR WITHIN SIX MONTHS.
 - (b) EKG WITHIN THREE MONTHS.
 - (12) SMOKERS GREATER THAN TWENTY PACKS PER YEAR:
CXR
 - (13) PATIENTS WITH MISSED OR LATE MENSTRUATION:
SERUM PREGNANCY TEST.
 - (14) ALL LABS GOOD FOR TWENTY-ONE DAYS - EKG FOR THREE MONTHS, CXR FOR SIX MONTHS.
- (J) DOCUMENTATION REQUIRED.
- THE ATTENDING PRACTITIONER IS REQUIRED TO COMPLETE, AT A MINIMUM, THE FOLLOWING ON ALL OUTPATIENT/SAME-DAY SURGERY PATIENTS:
- (1) FACE SHEET;
 - (2) COMPLETE OR CO-SIGN THE HISTORY AND PHYSICAL;
 - (3) OPERATIVE NOTE WRITTEN AT THE TERMINATION OF THE PROCEDURE;
 - (4) DICTATE THE OPERATIVE REPORT THE DAY OF SURGERY;
 - (5) DISCHARGE NOTE; AND
 - (6) DISCHARGE INSTRUCTIONS.

86-03 MEDICAL RECORDS.

- (A) TIME OF COMPLETION.

THE ATTENDING PRACTITIONER SHALL COMPLETE AND SIGN THE PATIENT'S MEDICAL RECORD WITHIN TWENTY-ONE DAYS OF DISCHARGE. A PROCEDURE NOTE SHALL BE ENTERED IN THE RECORD BY THE RESPONSIBLE ATTENDING MEDICAL PRACTITIONER OR DESIGNEE IMMEDIATELY UPON COMPLETION OF AN

INVASIVE PROCEDURE. PROCEDURE NOTES MUST BE WRITTEN FOR ANY SURGICAL OR MEDICAL PROCEDURES, IRRESPECTIVE OF THEIR REPETITIVE NATURE, WHICH INVOLVE MATERIAL RISK TO THE PATIENT. THE NOTE SHALL INCLUDE THE PREOPERATIVE DIAGNOSIS, PROCEDURE, SURGEON(S), RESIDENT(S), ANESTHESIOLOGIST(S), SURGICAL SERVICE, TYPE OF ANESTHESIA (GENERAL OR LOCAL), COMPLICATIONS, INVASIVE LINES EITHER ADDED OR DELETED, ESTIMATED BLOOD LOSS, ANY PERTINENT INFORMATION NOT INCLUDED ON OR/ANESTHESIA RECORD, AND PRELIMINARY SURGICAL FINDINGS. AN OPERATIVE/PROCEDURE REPORT MUST BE DICTATED IMMEDIATELY FOLLOWING THE PROCEDURE. FAILURE TO COMPLY WITH THE ABOVE TIME LIMITS WILL RESULT IN THE AUTOMATIC SUSPENSION OF PRIVILEGES UNDER PARAGRAPH (E) OF RULE 3335-45-07 OF THE ADMINISTRATIVE CODE.

(B) CONTENTS.

IT IS THE RESPONSIBILITY OF THE ATTENDING PRACTITIONER TO ASSURE THAT A COMPLETE MEDICAL RECORD IS PREPARED FOR EACH PATIENT. THE MEDICAL RECORD SHALL INCLUDE IDENTIFICATION DATA; COMPLAINT; PERSONAL HISTORY; FAMILY HISTORY; HISTORY OF PRESENT ILLNESS; PHYSICAL EXAMINATION; CLINICAL OBSERVATIONS INCLUDING PROGRESS NOTES; NURSES NOTES AND CONSULTATION REPORTS; DIAGNOSTIC AND THERAPEUTIC REPORTS AND ORDERS; MEDICAL OR SURGICAL TREATMENT; PATHOLOGICAL FINDING; PROVISIONAL DIAGNOSIS; EVIDENCE OF INFORMED CONSENT; FINAL AUTOPSY REPORT WHEN AVAILABLE. NO MEDICAL RECORD IS TO BE FILED UNTIL IT IS COMPLETE EXCEPT ON ORDER OF THE EXECUTIVE COMMITTEE.

(C) AUTHENTICATION.

ALL ENTRIES IN THE MEDICAL RECORD MUST BE SIGNED BY THE PERSON MAKING THE ENTRY OR STAMPED WITH AN AUTHORIZED SIGNATURE FACSIMILE. THE SECTIONS OF THE MEDICAL RECORD THAT ARE THE RESPONSIBILITY OF THE ATTENDING PRACTITIONER SHALL BE SIGNED OR STAMPED BY THE PRACTITIONER. WHEN HOUSE OFFICERS OR OTHER SPECIFIED PROFESSIONAL PERSONNEL ARE INVOLVED IN PATIENT CARE, SUFFICIENT EVIDENCE MUST BE DOCUMENTED IN THE MEDICAL RECORD TO SUBSTANTIATE THE ACTIVE PARTICIPATION IN, AND SUPERVISION OF, THE PATIENT'S CARE BY THE RESPONSIBLE ATTENDING PRACTITIONER.

(D) DENTISTS AND PODIATRISTS.

IN ADDITION TO THE REQUIREMENTS OF PARAGRAPH (B) OF RULE 86-03 OF THE RULES AND REGULATIONS, THE MEDICAL RECORD OF PATIENTS ADMITTED FOR DENTAL REASONS SHALL CONTAIN THE DENTIST'S DETAILED EXAMINATION OF THE ORAL CAVITY, AS WELL AS THE DISCHARGE INSTRUCTIONS GIVEN TO THE PATIENT REGARDING FURTHER CARE. THE SAME APPLIES TO THE PODIATRIST IN REGARD TO THE LOCATION AND DESCRIPTION OF THE AILMENT FOR WHICH THE PATIENT WAS ADMITTED, TOGETHER WITH DISCHARGE INSTRUCTIONS.

(E) HISTORY AND PHYSICAL.

- (1) THE COMPLETE HISTORY AND PHYSICAL EXAMINATION SHALL BE RECORDED ON THE PATIENT'S CHART NO LATER THAN TWENTY-FOUR HOURS AFTER ADMISSION OF THE PATIENT. THE HISTORY AND PHYSICAL EXAMINATION MUST BE PERFORMED BY A MEMBER OF THE MEDICAL STAFF OR HIS/HER DESIGNEE AND BE SIGNED BY THE RESPONSIBLE ATTENDING MEDICAL STAFF MEMBER AUTHORIZED TO PERFORM THE HISTORY AND PHYSICAL EXAMINATION.

(2) A STAFF ADMISSION PROGRESS NOTE MUST BE COMPILED BY THE RESPONSIBLE ATTENDING MEDICAL PRACTITIONER OR DESIGNEE NO LATER THAN SEVENTY-TWO HOURS AFTER ADMISSION OF THE PATIENT. THE STAFF ADMISSION PROGRESS NOTE MUST BE SIGNED BY THE RESPONSIBLE ATTENDING MEDICAL PRACTITIONER.

(3) WHEN THE HISTORY AND PHYSICAL EXAMINATION, INCLUDING THE RESULTS OF INDICATED LABORATORY STUDIES AND X-RAYS AND THE STAFF ADMISSION PROGRESS NOTES, ARE NOT RECORDED IN THE CHART BEFORE THE TIME STATED FOR A PROCEDURE, THE PROCEDURE CANNOT PROCEED UNTIL THE HISTORY, PHYSICAL AND LABORATORY RESULTS ARE ENTERED INTO THE CHART. IN CASES WHERE SUCH A DELAY WOULD LIKELY CAUSE HARM TO THE PATIENT, THIS CONDITION SHALL BE ENTERED INTO THE CHART BY THE ATTENDING MEDICAL PRACTITIONER OR DESIGNEE AND THE PROCEDURE MAY BEGIN. WHEN THERE IS A DISAGREEMENT CONCERNING THE URGENCY OF THE PROCEDURE, IT WILL BE ADJUDICATED BY THE MEDICAL DIRECTOR OR DESIGNEE.

(F) PRE-ADMISSION HISTORY AND PHYSICAL.

A PRE-ADMISSION HISTORY AND PHYSICAL EXAMINATION WILL BE ACCEPTED ONLY IF PERFORMED WITHIN THIRTY DAYS PRIOR TO ADMISSION, OR IF A HISTORY AND PHYSICAL ON RECORD WITH THE HOSPITAL IS UPDATED WITHIN THIRTY DAYS PRIOR TO ADMISSION.

(G) OWNERSHIP.

ALL ORIGINAL MEDICAL RECORDS ARE THE PROPERTY OF THE HOSPITAL AND SHALL NOT BE REMOVED FROM THE HOSPITAL'S JURISDICTION AND SAFEKEEPING, EXCEPT IN ACCORDANCE WITH COURT ORDER, SUBPOENA, OR STATUTE. COPIES OF THE PATIENT'S MEDICAL RECORD MAY BE FURNISHED TO THE PATIENT'S DESIGNATE UPON THE PATIENT'S WRITTEN REQUEST AND AT THE PATIENT'S EXPENSE.

(H) SYMBOLS.

ONLY SYMBOLS AND ABBREVIATIONS APPROVED BY THE MEDICAL STAFF WILL BE USED IN THE MEDICAL RECORD. EACH ABBREVIATION OR SYMBOL HAS ONLY ONE MEANING.

(I) CONFIDENTIALITY OF PATIENT RECORDS.

A PRACTITIONER'S ACCESS TO PATIENT RECORDS IS LIMITED TO NECESSARY USE IN THE TREATMENT OF PATIENTS, SCIENTIFIC STUDY, OR TO PEER REVIEW ACTIVITIES. ALL PRACTITIONERS ARE REQUIRED TO MAINTAIN THE CONFIDENTIALITY OF PATIENT RECORDS AND IMPROPER USE OR DISCLOSURE OF PATIENT INFORMATION MAY BE GROUNDS FOR CORRECTIVE ACTION.

(J) SUSPENSION FOR FAILURE TO COMPLETE MEDICAL RECORDS.

A REQUEST FOR CORRECTIVE ACTION WILL AUTOMATICALLY BE FILED AGAINST A PRACTITIONER WHO HAS BEEN SUSPENDED PURSUANT TO PARAGRAPH (A)(1) OF RULE 3335-45-07 OF THE ADMINISTRATIVE CODE DUE TO INCOMPLETE MEDICAL RECORDS FOR AN ACCUMULATIVE TOTAL OF NINETY DAYS OR MORE WITHIN A CALENDAR YEAR.

(K) ERROR CORRECTION.

THE CORRECTION OF AN ERROR SHOULD BE MADE BY DRAWING A SINGLE LINE

THROUGH THE ENTRY AND MARKING IT "ERROR". THE ENTRY IN ERROR MUST STILL BE LEGIBLE. THE PRACTITIONER'S INITIALS AND DATE CORRECTING THE ERROR SHOULD BE ADDED.

(L) LATE ENTRY.

ADDITIONS TO THE MEDICAL RECORD CAN BE MADE. THE WORDS "LATE ENTRY", DATE AND TIME NEED TO BE MADE AT THE BEGINNING OF THE LATE ENTRY. THE PRACTITIONER MUST SIGN. PENCILS SHOULD NEVER BE USED FOR CHART DOCUMENTATION. ERASING IS NOT PERMITTED NOR IS THE USE OF CORRECTION FLUID (I.E., WHITE OUT OR STICKERS).

86-04 PATIENT CARE ORDERS.

(A) ORDERS IN WRITING.

ALL ORDERS FOR TREATMENT SHALL BE IN WRITING, DATED AND SIGNED OR STAMPED WITH AN AUTHORIZED SIGNATURE FACSIMILE BY THE ATTENDING PRACTITIONER PROVIDED SUCH A COPY HAS BEEN FILED IN THE MEDICAL RECORD DEPARTMENT OF THE HOSPITAL.

(B) VERBAL ORDERS: PERSON AUTHORIZED TO RECEIVE.

ALL VERBAL ORDERS FROM PRACTITIONERS FOR PATIENT TREATMENT SHALL BE IN WRITING. AN ORDER SHALL BE CONSIDERED TO BE IN WRITING IF DICTATED TO AN AUTHORIZED PERSON AND SIGNED BY THE RESPONSIBLE PRACTITIONER. ORDERS DICTATED OVER THE TELEPHONE SHALL BE SIGNED BY THE RESPONSIBLE PRACTITIONER. ORDERS DICTATED OVER THE TELEPHONE SHALL ALSO BE SIGNED BY THE PERSON TO WHOM THE ORDER WAS DICTATED WITH THE NAME OF THE PRACTITIONER PER HIS/HER OWN NAME. VERBAL ORDERS WHICH HAVE BEEN TRANSMITTED TO AN AUTHORIZED PERSON SHALL BE AUTHENTICATED, DATED AND SIGNED BY THE RESPONSIBLE PRACTITIONER WITHIN TWENTY-FOUR HOURS. ALL VERBAL OR TELEPHONE ORDERS OF A LICENSED PRACTITIONER MUST BE SIGNED WITHIN THIRTY DAYS AFTER THE PATIENT'S DISCHARGE.

PERSONS AUTHORIZED TO RECEIVE VERBAL ORDERS ARE:

- (1) REGISTERED NURSE.
- (2) REGISTERED PHARMACIST.
- (3) REGISTERED PHARMACY INTERN.
- (4) LICENSED PHYSICAL THERAPIST.
- (5) LICENSED OCCUPATIONAL THERAPIST.
- (6) LICENSED SPEECH THERAPIST.
- (7) REGISTERED DIETITIAN.
- (8) LICENSED RESPIRATORY CARE PRACTITIONER.
- (9) REGISTERED RADIOLOGY TECHNOLOGIST.
- (10) REGISTERED LABORATORY TECHNOLOGIST.
- (11) CERTIFIED REGISTERED NURSE ANESTHETISTS.

THE ABOVE PERSONS ARE AUTHORIZED TO ACCEPT VERBAL ORDERS WITHIN THEIR DEPARTMENTS.

(C) ORDERS BY LIMITED MEDICAL STAFF.

LIMITED MEDICAL STAFF MAY WRITE ORDERS ON PATIENTS WITHIN THE SCOPE OF THEIR QUALIFICATIONS AND RESPONSIBILITY.

(D) AUTOMATIC CANCELLATION OF ORDERS.

ALL PREVIOUS ORDERS, INCLUDING STANDING ORDERS, ARE AUTOMATICALLY CANCELED FOR PATIENTS AT THE TIME OF SURGERY.

(E) ORDERS BY MEDICAL STUDENTS.

MEDICAL STUDENTS WHO ARE UNDER THE DIRECT SUPERVISION OF A MEMBER OF THE MEDICAL STAFF MAY WRITE ORDERS. SUCH ORDERS WILL NOT BE EFFECTIVE UNTIL CO-SIGNED BY THE SUPERVISING PRACTITIONER.

(F) PROGRESS NOTES.

PROGRESS NOTES MUST PROVIDE A PERMANENT CHRONOLOGICAL REPORT OF THE PATIENT'S COURSE IN THE HOSPITAL AND REFLECT ANY CHANGE IN CONDITION, AND RESULTS OF TREATMENT. IN THE EVENT THAT THE PATIENT'S CONDITION HAS NOT CHANGED, AND NO DIAGNOSTIC STUDIES HAVE BEEN DONE, A PROGRESS NOTE MUST BE COMPLETED BY THE ATTENDING MEDICAL PRACTITIONER AT LEAST EVERY THREE DAYS.

EACH PROGRESS NOTE IN THE MEDICAL RECORD MUST BE SIGNED OR COUNTER-SIGNED BY A MEMBER OF THE ACTIVE, COURTESY, CONSULTING, HONORARY OR LIMITED STAFF.

86-05 PHARMACEUTICAL.

(A) DISPENSING.

ONLY THE REGISTERED PHARMACIST, OR AUTHORIZED PERSONNEL UNDER THE DIRECTION AND SUPERVISION OF THE REGISTERED PHARMACIST, SHALL DISPENSE MEDICATION.

(B) GENERIC DRUGS.

THE HOSPITAL PHARMACIST MAY SUBSTITUTE A GENERIC DRUG FOR A DRUG ORDERED BY A PROPRIETARY NAME UNLESS THE PRACTITIONER INDICATES IN THE ORDER THAT A GENERIC EQUIVALENT IS NOT ACCEPTABLE.

(C) TELEPHONE AND VERBAL ORDERS.

TELEPHONE AND VERBAL ORDERS MAY BE GIVEN BY THE RESPONSIBLE ATTENDING PHYSICIAN, DENTIST, PODIATRIST, PSYCHOLOGIST OR MEMBER OF THE LIMITED MEDICAL STAFF ONLY TO HEALTH CARE PROVIDERS WHO HAVE BEEN APPROVED IN WRITING BY TITLE OR CATEGORY BY THE MEDICAL DIRECTOR, THE CHIEF EXECUTIVE OFFICER OF THE HOSPITALS, AND EACH CHIEF OF THE CLINICAL DEPARTMENT WHERE THEY WILL EXERCISE CLINICAL PRIVILEGES, AND ONLY WHERE SAID HEALTH CARE PROVIDER IS EXERCISING CLINICAL PRIVILEGES WHICH HAVE BEEN APPROVED AND DELINEATED BY JOB DESCRIPTION FOR EMPLOYEES OF THE HOSPITALS, OR BY THE CUSTOMARY MEDICAL STAFF CREDENTIALING PROCESS WHEN THE PROVIDER IS NOT AN EMPLOYEE OF THE HOSPITALS. LISTS OF THE APPROVED TITLES OR CATEGORIES OF PROVIDERS

SHALL BE MAINTAINED BY THE MEDICAL DIRECTOR. THE JOB DESCRIPTION OR DELINEATED PRIVILEGES FOR EACH PROVIDER MUST INDICATE EACH PROVIDER'S AUTHORITY TO RECEIVE TELEPHONE OR VERBAL ORDERS, INCLUDING BUT NOT LIMITED TO THE AUTHORITY TO RECEIVE ORDERS FOR MEDICATIONS. THE ORDER IS TO BE WRITTEN AND SIGNED BY APPROVED HEALTH CARE PROVIDER TO WHOM IT IS DICTATED OR GIVEN AS "VERBAL ORDER BY DR.", OR "V.O. BY DR.", GIVING THE PRACTITIONER'S NAME AND HOUR, FOLLOWED BY THE APPROVED HEALTH CARE PROVIDER'S SIGNATURE. ALL TELEPHONE AND VERBAL ORDERS FOR DEA SCHEDULE II CONTROLLED SUBSTANCES, PATIENT SECLUSION, OR PATIENT RESTRAINT MUST BE AUTHENTICATED WITHIN ONE DAY BY SIGNATURE OF A LICENSED PHYSICIAN, DENTIST, PODIATRIST, PSYCHOLOGIST, OR DESIGNATED LIMITED STAFF MEMBER. ALL OTHER INPATIENT VERBAL AND TELEPHONE ORDERS MUST BE AUTHENTICATED PRIOR TO, OR AT THE TIME OF, THE NEXT OUTPATIENT VISIT BY SIGNATURE OF A LICENSED PHYSICIAN, DENTIST, PODIATRIST, OR LIMITED STAFF MEMBER.

(D) PATIENT MEDICATIONS.

UNLESS OTHERWISE ORDERED OR AUTHORIZED BY THE ATTENDING PRACTITIONER, NO MEDICATIONS SHALL BE ALLOWED IN THE HOSPITAL EXCEPT THOSE DISPENSED BY THE MEDICAL CENTER PHARMACY.

(E) ADMINISTRATION OF DRUGS.

DRUGS MAY BE ADMINISTERED BY PRACTITIONERS, NURSES, PHARMACISTS, RESPIRATORY THERAPISTS, PARAMEDICS, PHYSICAL THERAPISTS AND RADIOLOGY TECHNICIANS, ACCORDING TO THEIR FIELD AND WITH THE ORDER OF THE PRACTITIONER.

86-06 CONSULTATIONS.

(A) CONSULTATION REQUIREMENTS.

WHEN THE ATTENDING PRACTITIONER IDENTIFIES IN THE COURSE OF TREATING THE PATIENT, A PATIENT CARE PROBLEM THAT REQUIRES INTERVENTION DURING THE HOSPITAL STAY THAT IS OUTSIDE THE PRACTITIONER'S AREA OF TRAINING AND EXPERIENCE, IT IS THE RESPONSIBILITY OF THE ATTENDING PRACTITIONER TO OBTAIN CONSULTATION BY THE APPROPRIATE SPECIALIST.

(B) RESPONSIBILITY TO MONITOR CONSULTATIONS.

IT IS THE DUTY OF THE MEDICAL STAFF THROUGH ITS CLINICAL DEPARTMENTAL CHIEFS AND THE EXECUTIVE COMMITTEE TO ASSURE THAT MEMBERS OF THE STAFF COMPLY IN THE MATTER OF REQUESTING CONSULTATIONS AS NEEDED.

(C) CONSULTATION CONTENTS.

A SATISFACTORY CONSULTATION INCLUDES EXAMINATION OF THE PATIENT AND OF THE MEDICAL RECORD; AND A WRITTEN OPINION SIGNED BY THE CONSULTANT THAT IS MADE A PART OF SUCH RECORD. IF OPERATIVE PROCEDURES ARE INVOLVED, THE CONSULTATION NOTE, EXCEPT IN EMERGENCY, SHALL BE RECORDED PRIOR TO THE OPERATION.

86-07 PATIENT CARE.

(A) ALTERNATE PRACTITIONER COVERAGE.

EACH MEMBER OF THE MEDICAL STAFF SHALL NAME A MEMBER OF THE MEDICAL STAFF WHO WILL BE CALLED TO ATTEND HIS OR HER PATIENTS IF THE

RESPONSIBLE ATTENDING PRACTITIONER IS NOT AVAILABLE. THE CHIEF OF THE PRACTITIONER'S CLINICAL DEPARTMENT, THE MEDICAL DIRECTOR OR HIS DESIGNEE SHALL HAVE AUTHORITY TO CALL ANY MEMBER OF THE MEDICAL STAFF SHOULD THE ATTENDING PRACTITIONER AND THE ALTERNATE BE UNAVAILABLE. IF THE CHIEF OF THE PRACTITIONER'S DEPARTMENT, THE MEDICAL DIRECTOR OR HIS DESIGNEE IS UNAVAILABLE, THE EMERGENCY DEPARTMENT PHYSICIAN ON DUTY IS RESPONSIBLE FOR ARRANGING APPROPRIATE MEDICAL COVERAGE UNTIL THE ATTENDING PRACTITIONER IS AVAILABLE TO CARE FOR THE PATIENT.

(B) TISSUE AND SPECIMEN REMOVAL.

- (1) THE PRACTITIONER PERFORMING SURGERY IS RESPONSIBLE FOR SEEING THAT TISSUE AND SPECIMENS REMOVED DURING THE SURGICAL PROCEDURES ARE SENT TO THE PATHOLOGIST FOR EVALUATION AND DISPOSITION, EXCLUSIVE OF CLOTHES AND CONTENTS. EXCEPTIONS TO SENDING REMOVED TISSUE AND SPECIMENS TO THE PATHOLOGIST SHOULD BE MADE ONLY WHEN THE QUALITY OF CARE IS NOT COMPROMISED BY THE EXCEPTION. THE RESPONSIBLE PRACTITIONER SHALL DOCUMENT ON THE SURGICAL PROCEDURE AND TISSUE RECORD FORM: (a) ANY TISSUE OR SPECIMEN NOT SENT; AND (b) THE DISPOSITION OF THE EXEMPT TISSUE OR SPECIMEN. EXEMPTED TISSUE AND SPECIMENS MAY INCLUDE, BUT ARE NOT LIMITED TO:
 - (a) TISSUES OR SPECIMENS THAT BY THEIR NATURE OR CONDITION DO NOT PERMIT FRUITFUL EXAMINATION SUCH AS A CATARACT, ORTHOPEDIC APPLIANCE, FOREIGN BODY, OR PORTION OF RIB REMOVED ONLY TO ENHANCE OPERATIVE EXPOSURE;
 - (b) THERAPEUTIC RADIOACTIVE SOURCES, THE REMOVAL OF WHICH SHALL BE GUIDED BY RADIATION SAFETY MONITORING REQUIREMENTS;
 - (c) TRAUMATICALLY INJURED PARTS OF THE BODY THAT HAVE BEEN AMPUTATED AND FOR WHICH EXAMINATION FOR EITHER MEDICAL OR LEGAL REASONS IS NOT DEEMED NECESSARY;
 - (d) FOREIGN BODIES, (FOR EXAMPLE, BULLETS) THAT FOR LEGAL REASONS ARE GIVEN IN THE CHAIN OF CUSTODY DIRECTLY TO LAW ENFORCEMENT REPRESENTATIVES AFTER SUCH FOREIGN BODIES HAVE BEEN PROPERLY IDENTIFIED AND, ACKNOWLEDGED WITH A RECEIPT;
 - (e) TISSUE OR SPECIMENS KNOWN TO RARELY, IF EVER, SHOW PATHOLOGICAL CHANGES, AND REMOVAL OF WHICH IS HIGHLY VISIBLE POSTOPERATIVELY, SUCH AS THE FORESKIN FROM THE CIRCUMCISION OF A NEWBORN INFANT;
 - (f) PLACENTAS THAT ARE GROSSLY NORMAL AND HAVE BEEN REMOVED IN THE COURSE OF OPERATIVE AND NON-OPERATIVE OBSTETRICS; AND
 - (g) TEETH, PROVIDED THE NUMBER, INCLUDING FRAGMENTS, IS RECORDED IN THE MEDICAL RECORD.
- (2) THE PRACTITIONER PERFORMING THE SURGERY IS RESPONSIBLE TO SEE THAT TISSUE AND SPECIMENS SHALL BE PROPERLY LABELED, PACKAGED IN PRESERVATIVE AS DESIGNATED, AND IDENTIFIED AS TO PATIENT AND SOURCE IN THE OPERATING ROOM AT THE TIME OF REMOVAL. EACH TISSUE AND SPECIMEN MUST BE ACCOMPANIED BY PERTINENT CLINICAL

INFORMATION AND, TO THE DEGREE KNOWN, THE PREOPERATIVE AND POSTOPERATIVE DIAGNOSIS.

- (3) THE PATHOLOGIST WILL PREPARE AND SIGN A REPORT OF THE EXAMINATION OF THE TISSUE OR SPECIMEN, AND SUCH REPORT WILL BE MADE A PART OF THE PATIENT'S MEDICAL RECORD.
- (4) THE PATHOLOGIST WILL REFER THE PATHOLOGIST'S REPORT TO THE APPROPRIATE AUDIT COMMITTEE IN CASES WHEREIN IT APPEARS, IN THE PATHOLOGIST'S JUDGMENT, THAT NORMAL ORGANS WERE UNNECESSARILY REMOVED.

(C) INFORMED CONSENT.

IT IS THE RESPONSIBILITY OF THE PRACTITIONER PERFORMING THE PROCEDURE TO ASSURE THAT A WRITTEN, SIGNED AND INFORMED CONSENT IS OBTAINED PRIOR TO ANY OPERATION EXCEPT IN THOSE SITUATIONS WHERE THE PATIENT'S LIFE IS IN JEOPARDY AND SUITABLE SIGNATURES CANNOT BE OBTAINED DUE TO THE CONDITION OF THE PATIENT. FOR EMERGENCIES INVOLVING A MINOR, AN UNCONSCIOUS PATIENT OR AN INCOMPETENT PATIENT IN WHICH CONSENT FOR SURGERY CANNOT BE IMMEDIATELY OBTAINED FROM PARENTS, GUARDIAN, OR NEXT OF KIN, THESE CIRCUMSTANCES SHOULD BE FULLY EXPLAINED IN THE PATIENT'S MEDICAL RECORD.

SHOULD A SECOND OPERATION BE REQUIRED DURING THE PATIENT'S STAY IN THE HOSPITAL, A SECOND INFORMED CONSENT SPECIFICALLY WORDED SHALL BE OBTAINED. IF TWO OR MORE SPECIFIC PROCEDURES ARE TO BE CARRIED OUT AT THE SAME TIME AND THIS IS KNOWN IN ADVANCE, THEY MAY ALL BE DESCRIBED AND CONSENTED TO ON THE SAME FORM. IT IS THE PRACTITIONER'S RESPONSIBILITY TO ENSURE THAT A WRITTEN AND SIGNED CONSENT IS OBTAINED AND MADE A PART OF THE PATIENT'S MEDICAL RECORD. LIMITED MEDICAL STAFF AND NON-PHYSICIAN PRACTITIONERS SHALL COMPLY FULLY WITH THE ABOVE PROVISIONS WHEN OBTAINING AN INFORMED CONSENT FROM THE PATIENT.

(D) PATIENT VISITS BY PRACTITIONERS.

THE ADMITTING PRACTITIONER OR THE PRACTITIONER'S PHYSICIAN DESIGNEE MUST VISIT THE PATIENT WITHIN TWENTY-FOUR (24) HOURS OF THE PATIENT'S ADMISSION TO THE HOSPITAL. THEREAFTER, THE ADMITTING PRACTITIONER OR THE PRACTITIONER'S PHYSICIAN DESIGNEE MUST VISIT THE PATIENT AT LEAST DAILY, AND MORE FREQUENTLY IF WARRANTED BY THE PATIENT'S CONDITION. POLICIES OF THE SICU AND MICU RELATING TO PATIENT VISITS BY PRACTITIONERS SHALL SUPERSEDE THE REQUIREMENTS OF THIS RULE.

(E) AUTOPSIES.

IT SHALL BE THE DUTY OF ALL PRACTITIONERS TO SECURE AUTOPSIES WHENEVER APPROPRIATE. ALL AUTOPSIES SHALL BE PERFORMED BY THE HOSPITAL PATHOLOGIST OR BY A PHYSICIAN. CRITERIA FOR AUTOPSY REQUESTS INCLUDE THE FOLLOWING:

- (1) CORONER'S CASES WHEN THE CORONER ELECTS NOT TO PERFORM AN AUTOPSY. (THE COUNTY CORONER HAS JURISDICTION FOR PERFORMING AN AUTOPSY WHEN DEATH IS THE RESULT OF VIOLENCE, CASUALTY, OR SUICIDE, OR OCCURS SUDDENLY IN A SUSPICIOUS OR UNUSUAL MANNER. DEATHS OCCURRING DURING SURGERY OR WITHIN TWENTY-FOUR HOURS OF ADMISSION TO THE HOSPITAL ARE ALSO CORONER'S CASES, AND THE DECISION WHETHER TO AUTOPSY OR NOT IS THE CORONER'S RESPONSIBILITY.)

- (2) UNEXPECTED OR UNEXPLAINED DEATHS, WHERE APPARENTLY DUE TO NATURAL CAUSES OR DUE TO THOSE OCCURRING DURING OR FOLLOWING ANY SURGICAL, MEDICAL, OR DENTAL DIAGNOSTIC PROCEDURES OR THERAPIES.
- (3) UNDIAGNOSED INFECTIOUS DISEASE WHERE RESULTS MAY BE OF VALUE IN TREATING CLOSE CONTACTS.
- (4) ALL DEATHS IN WHICH THE CAUSE OF DEATH IS NOT KNOWN WITH CERTAINTY ON CLINICAL GROUNDS.
- (5) CASES WHERE THERE IS QUESTION OF DISEASE RELATED TO OCCUPATIONAL EXPOSURE.
- (6) ORGAN DONORS (TO RULE OUT NEOPLASTIC OR INFECTIOUS DISEASE).
- (7) CASES IN WHICH AUTOPSY MAY HELP TO ALLAY THE CONCERNS OF THE FAMILY OR PUBLIC REGARDING THE DEATH AND TO PROVIDE ASSURANCE TO THEM REGARDING THE SAME.
- (8) DEATHS IN WHICH AUTOPSY MAY HELP TO EXPLAIN UNKNOWN OR UNANTICIPATED MEDICAL COMPLICATIONS TO THE ATTENDING.
- (9) DEATHS OF PATIENTS WHO HAVE PARTICIPATED IN INVESTIGATIONAL THERAPY PROTOCOLS.

(See Appendix XXXXII for background information, 937.)

AMENDMENTS TO THE RULES OF THE UNIVERSITY FACULTY

Resolution No. 99-118

Synopsis: Approval of the following amendments to the Rules of the University Faculty is recommended.

WHEREAS the University Senate pursuant to rule 3335-1-09 of the Administrative Code is authorized to recommend through the President to the Board of Trustees the adoption of amendments to the Rules of the University Faculty as approved by the University Senate; and

WHEREAS the proposed changes in the Rules of the University Faculty were approved by the University Senate on April 10, 1999:

Amended Rule

3335-5-481 Council on academic affairs.

(A) Membership.

The council on academic affairs shall consist of ~~fifteen~~ SIXTEEN members.

- (1) ~~Nine~~ TEN regular faculty.
 - (a) ~~Five~~ SIX regular faculty, at least two of whom are members of the senate, selected by the faculty council. The term of service is three years.
 - (b) Four regular faculty shall be appointed by the president. The term of service is three years.

May 7, 1999 meeting, Board of Trustees

Balance unchanged.

NOW THEREFORE

BE IT RESOLVED, That the foregoing amendments to the Rules of the University Faculty be adopted as recommended by the University Senate.

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PERSONNEL ACTIONS

Resolution No. 99-119

RESOLVED, That the personnel actions as recorded in the Personnel Budget Records of the University since the April 6, 1999 meeting of the Board, including the following Appointments, Appointment of Chairpersons/Directors, Leaves of Absence Without Salary, Professional Improvement Leaves, and Emeritus Titles, as detailed in the University Budget be approved and the Medical Staff Appointments/Reappointments (The Ohio State University Medical Center) approved March 18 and April 22, 1999, by the Hospitals Board be ratified.

Appointments

Name: ANNE CAIRNS FEDERLEIN
Title: President, OSU Newark Campus
Effective: July 1, 1999
Present Position: Provost and Vice President for Academic Affairs, State University of New York, Oneonta, NY

Name: MICHAEL J. HOGAN
Title: Interim Dean
College: Humanities
Term: July 1, 1999 through June 30, 2000
Present Position: Chair, Department of History

Name: ODED SHENKAR
Title: Professor (The Ford Motor Company Designated Chair in Global Business Management)
Department: Management and Human Resources
Effective: May 7, 1999

Name: BRADFORD T. STOKES
Title: Professor (The Ray W. Poppleton Research Chair)
College: Medicine and Public Health
Term: April 1, 1999, through June 30, 2003

Appointment of Chair/Directors

March 15, 1999 through June 30, 2000

School of Public Health

Ronald L. St. Pierre*

May 1, 1999 through June 30, 2003

School of Natural Resources

Gary W. Mullins

June 15, 1999 through June 30, 2003

Animal Sciences

James Kinder

May 7, 1999 meeting, Board of Trustees

July 1, 1999 through September 30, 2000

History

Leila J. Rupp**

October 1, 1999 through September 30, 2000

Center for Medieval and Renaissance
Studies

Anna A. Grotans**

*Interim

**Acting

Leaves of Absence Without Salary

TIMOTHY S. JOST, Professor, College of Law, effective Spring Semester 2000, to visit the Washington and Lee University School of Law.

NANCY H. ROGERS, Professor, College of Law, effective Spring Semester 2000, to accept a Visiting Professorship at the Harvard University School of Law.

DOUGLAS J. WHALEY, Professor, College of Law, effective Autumn Semester 1999 and Spring Semester 2000, to visit the Boston College Law School.

GLENN A. HARTZ, Associate Professor, Department of Philosophy (Mansfield Campus), effective March 27, 2000, through May 1, 2000, to accept a visiting professorship at the University of Michigan.

RONALD L. JACOBS, Associate Professor, School of Physical Activity and Educational Services, effective April 1, 1999, through June 30, 1999, to accept a visiting professorship at the Nanyang Technological University in Singapore.

Leaves of Absence Without Salary--Continuation

HOWARD P. FINK, Professor, College of Law, effective Autumn Semester 1999 and Spring Semester 2000, to visit the Santa Clara University School of Law.

ALICE SILVERBERG, Professor, Department of Mathematics, effective Autumn Quarter 1999, Winter Quarter and Spring Quarter 2000 to accept a Humboldt Fellowship from the Alexander von Humboldt Stiftung, Germany.

Professional Improvement Leaves

L. MARK BERLINER, Professor, Department of Statistics, effective Autumn Quarter 1999, Winter Quarter and Spring Quarter 2000.

SAUL BLUMENTHAL, Professor, Department of Statistics, effective Spring Quarter 2000.

DAVID M. GOSS, Professor, Department of Mathematics, effective Autumn Quarter 1999, Winter Quarter and Spring Quarter 2000.

HAIKADY N. NAGARAJA, Professor, Department of Statistics, effective Autumn Quarter 1999, Winter Quarter and Spring Quarter 2000.

M. SUE O'DORISIO, Professor, Department of Pediatrics, effective July 1, 1999, through June 30, 2000.

Professional Improvement Leaves--Cancellation

NANCY ETTLINGER, Associate Professor, Department of Geography, effective Winter Quarter, Spring Quarter and Autumn Quarter 2000.

May 7, 1999 meeting, Board of Trustees

JANET L. HENDERSON, Associate Professor, Department of Human and Community Resource Development, effective Autumn Quarter 1999, Winter Quarter and Spring Quarter 2000.

Medical Staff Appointments and Reappointments (The Ohio State University Medical Center)

March 1999

<u>Name</u>	<u>Department</u>	<u>Category</u>	<u>Date</u>
Leslie J. Acakpo-Satchni, M.D.	Surgery - Neurological	PGY1 Limited	7/1/98 - 6/30/99
Gary Edward Barnett, M.D.	Pathology	Attending	12/3/98 - 6/30/99
Lawrence J. Damore II, M.D.	Surgery -General	PGY6 Limited	7/1/98 - 6/30/99
Kenneth D. Dembny II, M.D.	Plastic Surgery	PGY5 Limited	7/1/98 - 6/30/99
Douglas J. DiOrio, M.D.	Family Practice	Attending	11/2/98 - 6/30/99
	Family Practice - Sports Medicine		
Andrew Howard Goldstein, M.D.	Surgery -Cardiothoracic	Attending	8/19/98 - 6/30/99
Thomas G. Hospel, M.D.	Family Practice -		
	Sports Medicine	PGY4 Limited	8/1/98 - 7/30/99
Norman H. Kumins, M.D.	Surgery - Vascular	PGY6 Limited	7/1/98 - 6/30/99
William H. Phillips, D.O.	Pathology	PGY4 Limited	7/1/98 - 7/31/98
Ajay K. Seth, M.D.	Orthopedic Surgery	PGY1 Limited	7/1/98 - 6/30/00
Charles Louis Shapiro, M.D.	Oncology	Attending	11/13/98 - 6/30/00
Selwyn T. Sornabala, M.D.	Family Practice	PGY1 Limited	7/1/98 - 6/30/00
Larry T. Todd, Jr., D.O.	Orthopedic Surgery	PGY4 Limited	1/1/99 - 1/31/99
Laszlo P. Vaghy, M.D.	Neurology	PGY2 Limited	7/1/98 - 6/30/00
Paul E. Wakely, Jr., M.D.	Surgery	Attending	10/26/98 - 6/30/00
Elizabeth A. Wallen, M.D.	Anesthesiology	Attending	1/4/99 - 6/30/00
Hong Wu, M.D.	Ophthalmology	PGY2 Limited	7/1/98 - 6/30/00

April 1999

Mohammad Ahmad, M.D.	Internal Medicine - Geriatrics	Courtesy	7/1/99 - 6/30/01
David A. Beard, M.D.	Internal Medicine	Comm. Affiliate	7/1/99 - 6/30/01
Suzanne Chang, M.D.	Internal Medicine	Comm. Affiliate	2/1/99 - 6/30/99
Charis Euli Eng, M.D., Ph.D.	Internal Medicine - Medical Oncology	Attending	2/24/99 - 6/30/99
Stephen P. Hoffman, M.D.	Critical Care - Pulmonary Diseases	Attending	12/23/98 - 6/30/99
Alan J. Kover, M.D.	Anesthesiology	Attending	7/1/99 - 6/30/01
Katherine Ann Lappert, D.O.	Family Practice	Comm. Affiliate	7/1/99 - 6/30/01
Jeremy T. Larson, M.D.	Pediatrics	PGY5 Limited	3/1/99 - 3/31/99
Chanun Park, D.O.	Internal Medicine	Comm. Affiliate	12/1/98 - 6/30/00
Neville Patel, M.D.	Family Practice	PGY1 Limited	7/1/98 - 6/30/00
Pamela J. Smith	Endocrinology	Courtesy	12/10/98 - 6/30/00
Linda Sorg, CRNA	Anesthesiology	Phys. Extend.	10/26/98 - 6/30/00
Patrick J. Ward, M.D., Ph.D.	Internal Medicine	PGY2 Limited	7/1/99 - 6/30/00

Conscious Sedation Privileges:

March 1999

<u>Name</u>	<u>Department</u>	<u>Category</u>	<u>Expiration Date</u>
Costantino Benedetti, M.D.	Anesthesiology	Attending	1/1/01
James H. Caldwell, M.D.	Internal Medicine	Attending	2/1/00
Emile N. El-Shammaa, M.D.	Emergency Medicine	Attending	5/15/99
John J. Fromkes, M.D.	Internal Medicine	Attending	2/1/00
Ernesto Goldman, M.D.	Anesthesiology	Attending	1/1/01

May 7, 1999 meeting, Board of Trustees

Bhagwandas Gupta, M.D.	Anesthesiology	Attending	11/14/01
Rebecca M. Gutman, M.D.	Anesthesiology	Attending	11/14/01
Ronald L. Harter, M.D.	Anesthesiology	Attending	1/1/01
William R. Kaye, D.D.S.	Dentistry	Courtesy	4/30/99
Richard N. Nelson, M.D.	Emergency Medicine	Attending	3/01/00
Sheryl A. Pfeil, M.D.	Internal Medicine	Attending	1/20/00
Thomas E. Reilley, D.O.	Anesthesiology	Attending	1/1/01
Andreas W. Schuster, M.D.	Anesthesiology	Attending	11/14/00
Gaylynn J. Speas, M.D.	Anesthesiology	Attending	1/1/01
Fred B. Thomas, M.D.	Internal Medicine	Attending	2/1/00
Joel M. Weaver, D.D.S.	Dentistry	Attending	1/1/01
Joel M. Weaver, D.D.S.	Anesthesiology	Attending	1/1/01
Howard A. Werman, M.D.	Emergency Medicine	Attending	9/17/00
Mark D. Wewers, M.D.	Internal Medicine	Attending	12/14/00

April 1999

Alan J. Kover, M.D.	Anesthesiology	Attending	4/1/99 - 10/8/99
Edward J. Levine, M.D.	Internal Medicine	Attending	4/1/99 - 1/31/00
Christopher L. Mabee, M.D.	Internal Medicine	Attending	4/1/99 - 3/29/01
Douglas M. Magorien, M.D.	Internal Medicine	Attending	4/1/99 - 3/1/00
Uma Sundaram, M.D.	Internal Medicine	Attending	4/1/99 - 3/23/00
John D. Walters, D.D.S.	Dentistry	Courtesy	4/1/99 - 2/19/00

March 1999

Laser Privileges:

Robert Michler, M.D.	Surgery	Attending	March 1999
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Emeritus Titles

JAMES G. BURCH, College of Dentistry (Orthodontics), with the title Professor Emeritus, effective April 1, 1999.

INEZ CARDOZO-FREEMAN, Division of Comparative Studies in the Humanities (Newark Campus), with the title Professor Emeritus, effective October 1, 1999.

MICHAEL O. GARRAWAY, Department of Plant Pathology, with the title Professor Emeritus, effective July 1, 1999.

DAVID R. LAMB, School of Physical Activity and Educational Services, with the title Professor Emeritus, effective October 1, 1999.

ANNEMARIE SOMMER, Department of Pediatrics, with the title Professor Emeritus, effective May 1, 1999.

STANLEY H. BLOSTEIN, College of Social Work, with the title Associate Professor Emeritus, effective September 1, 1999.

EDWIN T. BOYER, Department of Civil and Environmental Engineering and Geodetic Science, with the title Associate Professor Emeritus, effective May 1, 1999.

ROBERT F. SCHWARTZ, Department of Art, with the title Associate Professor Emeritus, effective July 1, 1999.

SHARON S. BROCK, School of Journalism and Communication, with the title Assistant Professor Emeritus, effective July 1, 1999.

RESOLUTIONS IN MEMORIAM

Resolution No. 99-120

Synopsis: Approval of three Resolutions in Memoriam.

RESOLVED, That the Board adopt the following Resolutions in Memoriam and that the President be requested to convey copies to the families of the deceased.

Chester E. Ball

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on March 8, 1999, of Chester E. Ball, Assistant Professor Emeritus in the College of the Arts.

Colonel Ball was a native of Seth, West Virginia. He received an undergraduate degree in journalism from Marshall College (University) in 1942 and a Master of Arts degree in journalism from Ohio State in 1947. In 1942, he joined the Army's 80th Infantry Division as a corporal and was commissioned a Second Lieutenant in 1943, serving with the 106th Infantry Division. He subsequently volunteered for overseas duty and joined the 5th Infantry Division in England and Northern Ireland. His combat duty with the 5th Infantry included France, Germany, Belgium, Luxembourg, Austria, and Czechoslovakia. Colonel Ball was awarded the Silver Star, 2 Bronze Stars, 3 Purple Hearts, and 5 battle stars. In May 1997, Colonel Ball was inducted into the Field Artillery OCS (Officers Candidate School) Hall of Fame.

Colonel Ball retired from Ohio State in 1981 after 30 years of service as an Assistant Professor of Journalism, publications editor at the Engineering Experiment Station, Director of Reprographics at the Research Foundation, and Assistant Professor in the Department of Photography and Cinema. A highly regarded man, his biography appeared in *Who's Who in the Midwest*, *Who's Who in the World*, *Ohio Lives*, *Dictionary of International Biography*, and *Men of Achievement*.

With a life-long commitment to community service, Colonel Ball held memberships and leadership positions in many organizations. His life memberships included: Reserve Officers Association (past president of the Huntington chapter), Society of the 5th Division, 80th Infantry Division Association, Military Order of the Purple Heart, American Legion, and the OSU and Marshall University Alumni Associations. Other memberships included: Veterans of the Battle of the Bulge, Battle of Normandy Foundation, Hilliard Kiwanis, Upper Arlington Chamber of Commerce, and Hilliard Chapter of the AFS (American Field Service). He was elected to four 4-year terms on the Hilliard City School District Board of Education, serving as president for 5 years.

On behalf of the University community, the Board of Trustees expresses to the family of Chester E. Ball its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

Kathleen E. Kendrick

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on March 2, 1999, of Dr. Kathleen E. Kendrick, Professor in the Department of Microbiology.

Dr. Kendrick was born in 1951 in Toledo, Ohio, graduated as valedictorian from Ottawa Hills High School in Toledo, and then earned a B.A. in 1972 from the University of California (Santa Barbara), and a Ph.D. in Microbiology in 1979 from the University of California (Davis). Following postdoctoral training with Professors Ensign and Reznikoff at the University of Wisconsin (Madison), she joined the faculty of the Department of Microbiology at The Ohio State University as Assistant Professor in 1984, and rose through the faculty ranks to Professor in 1998.

Throughout her career, Dr. Kendrick focused her research attention on the biochemistry and developmental biology of *Streptomyces griseus*. She made the seminal observation that *S. griseus* sporulates when grown submerged in liquid culture, and subsequently took advantage of this property to investigate histidine catabolism, to isolate and characterize cell division mutants and, most recently, investigated the roles of penicillin binding proteins in *S. griseus* growth, cell division, and sporulation. She was an acknowledged leader in the *Streptomyces* research community and was in constant demand to give seminars, review research manuscripts, and evaluate grant proposals. She provided these professional services to her colleagues readily, enthusiastically, thoroughly, and carefully.

As a teacher and mentor, Professor Kendrick was generous with her time and was positive and precise, always encouraging while demanding the best from her students. Through her innovation, undergraduates improved their writing skills while reporting the results of microbiology laboratory exercises. Graduate students and postdoctoral trainees in her laboratory benefited enormously from her imaginative, demanding, but realistic research challenges.

Dr. Kendrick never overtly donned the mantle of a role model, but was nevertheless very much aware of her status as a senior professor, an internationally renowned scientist, and a woman, and deftly and effectively used this position and visibility to encourage young women to pursue and maintain professional careers as scientists.

Survived by her mother, three sisters, and brother, Dr. Kendrick's death at such an early age is both a personal tragedy for her family, friends, and colleagues, and a major loss for science. She was a truly dedicated scientist who maintained her research programs and taught throughout her long and courageous battle with illness. At her request, the Kathleen E. Kendrick Scholarship Fund has been established at The Ohio State University to support minority students majoring in microbiology. Through this scholarship, she will also be remembered by generations of Ohio State students who never had the chance to meet her personally.

On behalf of the University community, the Board of Trustees expresses to the family of Dr. Kendrick its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to her family as an expression of the Board's heartfelt sympathy.

Gordon L. Nelson

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on March 24, 1999, of Dr. Gordon Leon Nelson, Professor Emeritus in the Department of Food, Agricultural and Biological Engineering.

Dr. Nelson was a native of Chippewa County, Minnesota. He received his Bachelor of Agricultural Engineering degree from the University of Minnesota in 1942; a certificate in naval engineering design from the U.S. Naval Academy Postgraduate School in 1945; a Master of Science degree from Oklahoma State University in 1951; and a Ph.D. in Agricultural Engineering from Iowa State University in 1957.

He was awarded postdoctoral fellowships at the University of California (Berkeley and Davis) in 1964, 1965, and 1966. He served as Assistant Professor and Professor of Agricultural Engineering at Oklahoma State University from 1947-1969.

Dr. Nelson came to Ohio State University in 1969, where he served as Professor and Chair of the Agricultural Engineering Department until his retirement in 1987. He served as director and consultant to The Ohio State University Ford Foundation Project in Punjab, India, from 1969-1972. He was a Fellow in the American Society of Agricultural Engineers and a member of the American Society of Engineering Education, and was a member of numerous other societies. He was the recipient of several prestigious awards throughout his career. He was also a member of Gideons International. Many lives were touched by his faith, love, intellect, and wit.

On behalf of the University community, the Board of Trustees expresses to the family of Dr. Gordon L. Nelson its deepest sympathy and sense of understanding of their loss. It was directed that this

May 7, 1999 meeting, Board of Trustees

resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

REPORT OF RESEARCH CONTRACTS AND GRANTS

Resolution No. 99-121

Synopsis: The reports on research and other sponsored program contracts and grants and the summary for March 1999 are presented for Board acceptance.

WHEREAS monies are solicited and received on behalf of the University from governmental, industrial, and other agencies in support of research, instructional activities, and service; and

WHEREAS such monies are received through The Ohio State University Research Foundation:

NOW THEREFORE

BE IT RESOLVED, That the research agreement between The Ohio State University and The Ohio State University Research Foundation for the contracts and grants reported herein during the month of March 1999 be approved.

REPORT ON UNIVERSITY DEVELOPMENT

Resolution No. 99-122

Synopsis: The report on the receipt of gifts and the summary for March 1999 are presented for Board acceptance.

WHEREAS monies are solicited and received on behalf of the University from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Development Fund and The Ohio State University Foundation; and

WHEREAS this report includes the establishment of The Ford Motor Company Designated Chair in Global Business Management; and

WHEREAS this report includes the establishment of twenty-five (25) new named endowed funds and amendments to two (2) endowed funds:

NOW THEREFORE

BE IT RESOLVED, That the acceptance of the report from The Ohio State University Development Fund and The Ohio State University Foundation during the month of March 1999 be approved.

(Figures for gift receipts by donor type and purposes and gift additions available from the Board of Trustees Office.)

THE OHIO STATE UNIVERSITY DEVELOPMENT FUND

Establishment of Named Designated Chair

The Ford Motor Company Designated Chair in Global Business Management

The Ford Motor Company Designated Chair in Global Business Management was established May 7, 1999, by the Board of Trustees of The Ohio State University, with discretionary funds designated for support of the Max M. Fisher College of Business.

The designated funds shall be used to promote and support the teaching, research and service activities of The Ford Motor Company Designated Chair in Global Business Management. Appointment to the Designated Chair shall be recommended by the Dean of the Fisher College of Business to the provost and approved by The Ohio State University Board of Trustees. The chair holder will report annually to The Ford Motor Company on the goals, objectives, and plans for the chair in the upcoming academic year.

\$75,000.00 per year

Establishment of Named Endowed Funds

The Janet and Grace Souders Crist Lancaster Memorial Scholarship Fund

The Janet and Grace Souders Crist Lancaster Memorial Scholarship Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from the estate of Janet Crist.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to provide one or more scholarships to full-time accepted or enrolled undergraduate students at The Ohio State University who are candidates for bachelor's degrees, residents of Lancaster, and shall be graduating or have graduated from an accredited public high school in Lancaster, Ohio. The scholarships are to be based on meritorious academic achievement, national test scores, demonstrated leadership abilities, and exemplary citizenship. Financial need is not to be a criterion for selection. Selection of the recipient(s) shall be made by a committee identified as The Ohio State University Crist Scholarship Committee and composed of the following persons or their designees: President or scholarship chairman of The Ohio State University Alumni Club of Fairfield County, Superintendent of Lancaster City Schools, and President of the Board of Education for the Lancaster City Schools, and in consultation with the University Committee on Student Financial Aid. The Superintendent or designee shall convene the committee to make recommendations in a timely manner to the appropriate officials at The Ohio State University, after consultation with the appropriate University administrators. The awards will be announced by the University. Scholarships may be awarded to outstanding students for more than one year if they continue to meet all of the qualifications set forth. Scholarships should be awarded and students and their schools notified well before graduation, so that they may be appropriately honored. Seventy-five percent (75%) of the income is to be used for scholarships, and twenty-five percent (25%) of the income is to be returned to the fund's principal.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the President of The Ohio State University, and President of The Ohio State University Alumni Association, Inc., and other appropriate University officials in order to carry out the desire of the donor.

\$60,000.00

School of Journalism and Communication Discretionary Endowment Fund

The School of Journalism and Communication Discretionary Endowment Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University with funds transferred from the general fund of the School of Journalism and Communication.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income is to be used for general purposes for the School, with expenditure approval by the School's Director.

If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the Director of the School of Journalism and Communication and the Dean of the College of Behavioral Sciences.

\$50,000.00

Stark County 4-H Endowment Fund

The Stark County 4-H Endowment Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from friends of Stark County 4-H.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income from this fund shall be used to support the Stark County 4-H program. This support may include, but is not limited to, the funding of scholarships and awards for 4-H members; volunteer leaders and friends of 4-H; sponsoring seminars and programs; purchasing material and services that will supplement 4-H programming or increase the visibility and public support of 4-H in Stark County. All expenditures from this fund shall be approved by the Stark County 4-H Advisory Committee.

It is the desire of the donors that this fund should benefit the University in perpetuity. Should the need for this fund cease to exist or so diminish as to provide unused income, then the income may be used for any purpose whatsoever, as determined by the Board of Trustees with preference given to the recommendations from the Director of the Ohio State University Extension, in consultation with a committee representing the local 4-H donors in order to carry out the desire of the donors.

\$26,374.00 (Grandfathered)

The Kalbouss Russian Culture Fund

The Kalbouss Russian Culture Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University with a gift to The Ohio State University Development Fund from George Kalbouss, a member of the faculty of the Department of Slavic and East European Languages and Literatures since 1973, and from faculty, friends, and former students of Professor Kalbouss.

Professor Kalbouss is the creator of OSU's Russian culture course which has been taught to thousands of OSU students since its inception in 1974. The program is named for his family which has been active in promoting Russian culture since the 1930's. Professor Kalbouss' areas of academic expertise are Russian symbolism and Russian drama. The author of *The Plays of the Russian Symbolists* (1982), he has recently completed a study on the mythological symbol system of Fedor Sologub. He is currently working on the dramas of Aleksandr Griboedov. Professor Kalbouss received an Ohio State University Alumni Distinguished Teaching Award in 1977 and was inducted into Ohio State's Academy of Teaching in March 1993. He previously served as Undergraduate Adviser of Russian for over fifteen years, directed Ohio State's Russian Language Program in Moscow, and currently chairs the Department's committee on development.

May 7, 1999 meeting, Board of Trustees

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used for the promotion and education of Slavic and East European cultures, especially in the State of Ohio, and for the cultural interaction between the United States (especially the State of Ohio) and cultures of Slavic and Eastern Europe. The term "Slavic and Eastern European" is to be used broadly, including all the Slavic cultures, as well as the non-Slavic Cultures of Central and Eastern Europe (i.e., Romanian, Hungarian, Latvian, Estonian, Lithuanian) as well as the cultures of the former Soviet Union. The term likewise implies the heritage communities in the United States carrying on the traditions of these cultures. Activities funded by the fund would include: lectures and presentations given to various schools, churches, fraternal organizations, etc., regarding the cultures of Slavic and East Europe and their heritages, activities in which cultures are "compared" or "related" (including comparisons of American to East European cultures). The focus would be on "education", and the topics included would be heritage, the arts, music, literature, food, traditions, etc. All persons directly associated with The Ohio State University would be eligible to apply. The Chair of the Department of East European Languages and Literatures will establish a committee to assign the funds each year.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees as recommended by the Chair of the Department of Slavic and East European Languages and Literatures and the Dean of the College of Humanities in order to carry out the desire of the donor.

\$17,643.00 (Grandfathered)

George and Mildred Wharton Endowment for Acarology Fund

The George and Mildred Wharton Endowment for Acarology Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from friends and the estate of Professor Emeritus George W. and Mildred G. Wharton of Columbus, Ohio.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall benefit the Acarology Laboratory in the Department of Entomology, College of Biological Sciences.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the appropriate college dean, department chairperson or program administrative officer in order to carry out the desire of the donors.

\$16,786.56 (Grandfathered)

Union County 4-H Endowment Fund

The Union County 4-H Endowment Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University through gifts to The Ohio State University Development Fund from friends of Union County 4-H.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income from this fund shall be used to support the Union County 4-H program. This support may include, but is not limited to, the funding of scholarships and awards for 4-H members; volunteer leaders and friends of 4-H; sponsoring seminars and programs; and /or purchasing material

May 7, 1999 meeting, Board of Trustees

and services that will supplement 4-H programming or increase the visibility and public support of 4-H in Union County. All expenditures from this fund shall be approved by the Union County 4-H Advisory Committee.

It is the desire of the donors that this fund should benefit the University in perpetuity. Should the need for this fund cease to exist or so diminish as to provide unused income, then the income may be used for any purpose whatsoever, as determined by the Board of Trustees with preference given to the recommendations from the Director of the Ohio State University Extension, in consultation with a committee representing the local 4-H donors in order to carry out the desire of the donors.

\$16,564.69 (Grandfathered)

West Michigan Alumni Scholarship Fund

The West Michigan Alumni Scholarship Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from the West Michigan Alumni Club in Grand Rapids, Michigan, its individual members and friends of the University.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to provide one or more merit-based scholarships to worthy students graduating from high schools in the geographical area served by the West Michigan Alumni Club. The Alumni Club will recruit and interview applicants and rank and recommend recipients to the Office of Student Financial Aid. The University Committee on Student Financial Aid will make the final selection of recipients.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the appropriate college dean, department chairperson or program administrative officer in order to carry out the desire of the donors.

\$16,175.00 (Grandfathered)

Jefferson County 4-H Endowment Fund

The Jefferson County 4-H Endowment Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University through gifts to The Ohio State University Development Fund from friends of Jefferson County 4-H.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income from this fund shall be used to support the Jefferson County 4-H program. This support may include, but is not limited to, the funding of scholarships and awards for 4-H members; volunteer leaders and friends of 4-H; sponsoring seminars and programs; and /or purchasing material and services that will supplement 4-H programming or increase the visibility and public support of 4-H in Jefferson County. All expenditures from this fund shall be approved by the Jefferson County 4-H Advisory Committee.

It is the desire of the donors that this fund should benefit the University in perpetuity. Should the need for this fund cease to exist or so diminish as to provide unused income, then the income may be used for any purpose whatsoever, as determined by the Board of Trustees with preference given to the recommendations of the Director of the Ohio State University Extension, in consultation with a committee representing the local 4-H donors in order to carry out the desire of the donors.

\$16,038.12 (Grandfathered)

The Lawrence J. R. Herson Fund

The Lawrence J. R. Herson Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from alumni, friends and associates of Professor Lawrence J. R. Herson, in honor of his long and distinguished career in the Department of Political Science, on the occasion of his retirement from the University.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to enhance the academic goals of the Department of Political Science and to promote scholarly excellence among students majoring in Political Science. Expenditures from the fund shall be approved by the chairperson of the department.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the appropriate college dean, department chairperson or program administrative officer in order to carry out the desire of the donors.

\$15,490.80 (Grandfathered)

Charles W. and Gwyenna L. Lifer 4-H Scholarship Fund

The Charles W. and Gwyenna L. Lifer 4-H Scholarship Fund was established May 7, 1999, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from Charles W. and Gwyenna L. Lifer.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support at least one scholarship to current or former 4-H members, with preference given to Richland, Knox, or Monroe Counties. The scholarship is to be distributed equally for three (3) consecutive quarters providing the recipient maintains a minimum GPA of 2.0 or above. The applicant shall be a senior in high school during the year of application, have demonstrated leadership, and is committed to a profession in agriculture or natural resources at The Ohio State University. It is preferred that the student be an entering freshman at The Ohio State University, College of Food, Agricultural and Environmental Sciences, Columbus campus. Secondary acceptance is a student entering the Agricultural Technical Institute, Wooster, Ohio. Scholarship recipients shall be selected in consultation with the University Committee on Student Financial Aid. Unused income shall be reinvested to the principal.

It is the desire of the donors that this fund should benefit the University in perpetuity. Should the need for this fund cease to exist or so diminish as to provide unused income, then the income may be used for any purpose whatsoever, as determined by the Board of Trustees with preference given to the recommendations of the Director of the Ohio State University Extension, in consultation with a committee representing the 4-H Program in order to carry out the desire of the donors.

\$15,000.00 (Grandfathered)

Change in Description of Named Endowed Funds

The Robert E. Taylor Graduate Fellowship Fund

The Robert E. Taylor Graduate Fellowship Fund was established on September 5, 1986, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund in honor of Robert E. Taylor, founder and executive director of the National Center for Research in Vocational Education for twenty-one years. The description was revised May 7, 1999, to reflect a new department.

May 7, 1999 meeting, Board of Trustees

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support a doctoral-level graduate student in the Department of Human and Community Resource Development who is preparing for initial or advanced leadership responsibility in a state department (division) of vocational education. One student is to be selected every two years to allow the individual the time required to complete the degree. Selection of the recipient is to be made by the graduate committee of the Department of Human and Community Resource Development.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees as recommended by the Chair of the Department of Human and Community Resource Development, or their successor, in consultation with the department's faculty in the agricultural/vocational education programmatic area in order to carry out the desire of the donors.

The Townshend ATZ Endowment Fund

The Townshend AZ Endowment Fund was established on March 4, 1994, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from alumni, friends and current members of the Townshend Chapter of Alpha Zeta Fraternity, and in memory of Mark Sommers by his friends and family. The description was revised, and the name was changed to The Townshend ATZ Endowment Fund, on March 5, 1999, and the description was further revised May 7, 1999.

All gifts are to be invested in the University's permanent endowment fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used for scholarship(s), and to further the mission of the Alpha Tau Zeta Fraternity, including, but not exclusively for the support of educational programs, facility improvement, alumni activity, house mother retirement fund, and publications. The scholarships shall be awarded to sophomore, junior or senior students enrolled in the College of Food, Agricultural and Environmental Sciences who are members of the Alpha Tau Zeta Fraternity. The students must hold at least a 3.0 grade point average. Selection of the recipient will be made by the Assistant Dean, Student Affairs and the scholarship selection committee in conjunction with the Office of Student Financial Aid. Funds can be used with the approval of the Assistant Dean, Student Affairs, College of Food, Agricultural and Environmental Sciences, and President, Alpha Tau Zeta alumni board.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Vice President for Agricultural Administration or the appropriate college dean, department chair, or program administrative officer in order to carry out the desire of the donors.

THE OHIO STATE UNIVERSITY FOUNDATION

Establishment of Named Endowed Funds

The Mary E. Babcock Endowment Fund

The Mary E. Babcock Endowment Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation with unrestricted gifts to The Ohio State University Foundation from the estate of Mary Elizabeth Babcock.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used at the discretion of the President of The Ohio State University for the purpose of providing resources for fund raising at the University.

May 7, 1999 meeting, Board of Trustees

It is the desire of the Foundation that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board of Directors.

\$1,015,000.00

The Ronald D. and Deborah F. Brooks Basketball Scholarship Fund

The Ronald D. and Deborah F. Brooks Basketball Scholarship Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Ronald D. (B.A. Social & Behavioral Science '71) and Deborah F. Brooks (B.S. Social Work '70), of Columbus, Ohio.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to supplement the student-athlete grant-in-aid scholarship costs of a student athlete who is a member of the men's basketball team pursuing an undergraduate degree at The Ohio State University. The recipient will be selected by the Director of Athletics in consultation with the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Director of Athletics in order to carry out the desire of the donors.

\$101,100.00

Cardinal Health, Inc. Athletic Scholars Fund

The Cardinal Health, Inc. Athletic Scholars Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Cardinal Health, Inc., Dublin, Ohio.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to supplement the student-athlete grant-in-aid scholarship costs of student-athletes pursuing undergraduate degrees at The Ohio State University, and participating in varsity athletics at Ohio State, excluding participants in the sports of football and men's basketball. The Director of Athletics shall select recipients in consultation with the Director of Student Athlete Support Services, the appropriate varsity head coach, and the University Committee on Student Financial Aid.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Director of Athletics, in order to carry out the desire of the donor.

\$100,000.00

The Anne Hayes Memorial Scholarship for Academic Excellence Fund

The Anne Hayes Memorial Scholarship for Academic Excellence Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from the Honorable Steven Hayes (B.A. Arts & Sciences '67; J.D. '70), Columbus, Ohio, in memory of his mother and her personal commitment to community caring.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

May 7, 1999 meeting, Board of Trustees

The annual income shall be awarded bi-annually to a student or students of the College of Social Work who demonstrate academic excellence. Scholarship recipients shall be selected in consultation with the University Committee on Student Financial Aid. Unused income will be added to the principal, thus accelerating the growth of this endowment.

It is the desire of the donor that this fund should benefit the College of Social Work in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Dean of the College of Social Work in order to carry out the desire of the donor.

\$79,272.36

The "Remembering Jack" Endowment Fund

The "Remembering Jack" Endowment Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with memorial gifts from business associates, friends and the family of John J. Schiff (B.S.Bus.Adm. '38).

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be evenly divided between The Ohio State University Marching Band and The Ohio State University Baseball Team. It is to be used to enhance student opportunities to perform and compete. Use of the funds shall be determined by the Director of the Marching Band and the Director of Athletics.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Director of The Ohio State University Marching Band and The Ohio State University Director of Athletics in order to carry out the desire of the donors.

\$70,715.00

The Gordon and Mary Flax Scholarship Fund

The Gordon and Mary Flax Scholarship Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Gordon and Mary Flax of South Charleston, Ohio. The gift was made in honor of their lifetime of involvement in agriculture and home economics, and for the continued education of Clark County residents in these fields.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used equally to support scholarships in the College of Food, Agricultural and Environmental Sciences and in the College of Human Ecology. One scholarship shall be used for a sophomore-, junior-, or senior-level student(s) enrolled in the College of Food, Agricultural and Environmental Sciences, including the School of Natural Resources. First preference shall be given

to students from Clark County, Ohio. The other scholarship shall be awarded to a sophomore-, junior-, or senior-level student(s) enrolled in the College of Human Ecology, with first preference for students from Clark County, Ohio. Selection shall be made by the scholarship selection committees in each college, in consultation with the University Committee on Student Financial Aid, with the right to provide more than one scholarship per year with the earned income. The selected students shall have a grade point average of 2.5 or above. The scholarship can be renewed for any student recipient through the application and selection process.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Vice President for Agricultural

May 7, 1999 meeting, Board of Trustees

Administration, in consultation with the Dean of the College of Human Ecology, or their successor in order to carry out the desire of the donors.

\$50,018.00

The Dr. and Mrs. Norman Browning Endowed Scholarship Fund

The Dr. and Mrs. Norman Browning Endowed Scholarship Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts designated for support of The Ohio State University at Lima from Dr. and Mrs. Norman Browning.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be distributed to The Ohio State University at Lima to be used to support women students 22 years or older, with a particular emphasis on women continuing their education. The purpose of the scholarship is to assist a segment of the student population needing financial assistance to complete their college education attending Ohio State University at Lima. Scholarship applicants need to complete the Free Application for Federal Student Aid (FAFSA) and have it on file at Ohio State University at Lima. The annual income will be used to award scholarship(s) using the following criteria: scholarship recipient(s) must maintain a minimum cumulative grade point average of 2.0 by the end of the first year and a 2.5 by the end of following years (on a 4.0 scale); the scholarship(s) is annual with the award distributed over three quarters of study; the scholarship(s) is renewable for a total of four years of study; there is no restriction on the program of study; the scholarship recipient(s) must be enrolled at the Lima campus for a minimum of 12 credit hours per quarter. Scholarship recipient(s) will be selected in consultation with the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the appropriate college dean, school director, department chairperson, or program administrative officer in order to carry out the desire of the donors.

\$49,519.53

The Frank C. Woodside III Fund for the Pro Bono Research Group at the College of Law

The Frank C. Woodside III Fund for the Pro Bono Research Group at the College of Law was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Frank C. Woodside (B.S. Biological Sciences '66; J.D. '69) of Wyoming, Ohio.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support the needs of the Pro Bono Research Group in The Ohio State University College of Law as determined by the Dean of the College of Law.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Dean of the College of Law in order to carry out the desire of the donor.

\$45,000.00

Buckeye Hall of Fame Cafe Scholarship Fund

The Buckeye Hall of Fame Cafe Scholarship Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from the Hall of Fame Charitable Foundation, Columbus, Ohio.

May 7, 1999 meeting, Board of Trustees

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to supplement the grant-in-aid scholarship costs of student-athletes participating in varsity football at The Ohio State University. The Director of Athletics will select the recipients, in consultation with the Director of Student Athlete Support Services, the varsity football coach, and the University Committee on Student Financial Aid.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Director of Athletics in order to carry out the desire of the donor.

\$40,000.00

Herman Schoen Memorial Cancer Research Endowment Fund

The Herman Schoen Memorial Cancer Research Endowment Fund for the Comprehensive Cancer Center - The Arthur G. James Cancer Hospital and the Richard J. Solove Research Institute was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Michael and Kathleen Schoen.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support chemoprevention and bionutrition cancer research at the Comprehensive Cancer Center - The Arthur G. James Cancer Hospital and the Richard J. Solove Research Institute at The Ohio State University as approved by the Director of the Comprehensive Cancer Center, Director of The Arthur G. James Cancer Hospital and the Richard J. Solove Research Institute and the Vice President for Health Sciences.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the Director of the Comprehensive Cancer Center, Director of The Arthur G. James Cancer Hospital and the Richard J. Solove Research Institute and the Vice President for Health Sciences in order to carry out the desire of the donors.

\$27,700.00

The Donald E. Yingst Scholarship and Student Development Fund in Food Science and Technology

The Donald E. Yingst Scholarship and Student Development Fund in Food Science and Technology was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Donald E. Yingst (B.S. Horticulture '62; M.S. Horticulture '64) of Dublin, Ohio.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support equally: the Donald E. Yingst Scholarship for an undergraduate student(s) enrolled in Food Science and Technology and the enrichment of the undergraduate experience in Food Science and Technology. The student scholarship recipient shall be an undergraduate student(s) who plans to work in the food industry in the United States following graduation. The second half of the income shall be used to support the undergraduate experience in Food Science and Technology, including, but not exclusively, for recruitment of outstanding students, support of travel for student teams, awards, and incentives for food science clubs and national officer participation.

The use of the annual income shall be directed by the Chair of the Food Science and Technology Department. A scholarship selection committee will select the annual "Donald E. Yingst Scholarship" recipient, in consultation with the University Committee on Student Financial Aid. Donald E. Yingst or

May 7, 1999 meeting, Board of Trustees

his designee can serve on the scholarship selection committee if so desired, and shall be informed annually of the scholarship recipient and the use of the remainder of the income.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Vice President for Agricultural Administration, in consultation with the Chair of the Department of Food Science and Technology or their successor in order to carry out the desire of the donor.

\$25,265.63

The John Marshall Adams Constitutional Law Award Fund

The John Marshall Adams Constitutional Law Award Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from John Marshall Adams (B.A. '59; J.D. Summa Cum Laude '54), Columbus, Ohio.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to fund an award for one student in the College of Law who achieves the highest grade in constitutional law. Selection shall be made by the College of Law with formal approval by the Dean of the College of Law.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Dean of the College of Law in order to carry out the desire of the donor.

\$25,000.00

The John P. McMahon Scholarship Fund

The John P. McMahon Scholarship Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from his children, Colleen McMahon, Kevin P. McMahon, Patricia M. McCutcheon, Brian J. McMahon, Barry G. McMahon, and Michael K. McMahon.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to fund a scholarship for a student in the College of Law, with a preference for a student from Huron County, Ohio, or surrounding counties. Selection shall be made by the College of Law in consultation with the University Committee on Student Financial Aid, with formal approval by the Dean of the College of Law.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Dean of the College of Law in order to carry out the desire of the donors.

\$25,000.00

The Frederick J. Richardson Civil Engineering Scholarship Fund

The Frederick J. Richardson Civil Engineering Scholarship Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from URS Greiner Woodward Clyde of Akron, Ohio, in honor of Frederick J. Richardson (B.S.C.E. '51).

May 7, 1999 meeting, Board of Trustees

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income from this fund shall be used by the Department of Civil and Environmental Engineering and Geodetic Science to support deserving undergraduate civil engineering majors. The Frederick J. Richardson Civil Scholars will be students who have completed their junior year of study with outstanding overall academic performance. Only students who are U.S. citizens or permanent residents will be eligible. The Chairperson of the Department of Civil and Environmental Engineering and Geodetic Science will be responsible for administering these scholarships in close consultation with a URS Greiner Woodward Clyde-designated representative and in consultation with the University Committee on Student Financial Aid.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the appropriate college dean, school director, department chairperson, or program administrative officer in order to carry out the desire of the donor.

\$25,000.00

William S. and Barbara B. Weprin Scholarship Fund

The William S. and Barbara B. Weprin Scholarship Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from the Beerman Family Foundation of Dayton, Ohio.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to supplement the general grant-in-aid scholarship costs of a student athlete at The Ohio State University. Scholarship recipients will be selected in consultation with the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the Director of Athletics in order to carry out the desire of the donors.

\$25,000.00

WOSB-FM Endowment Fund

The WOSB-FM Endowment Fund was established May 7, 1999, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from community individuals and businesses in the Ohio counties of Marion, Wyandot, and Crawford.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The uses of the annual income shall be determined by the Dean of Ohio State University at Marion and the General Manager of the WOSU Stations with the recommendation of the Advisory Council of WOSB-FM to support the operation of WOSB-FM, part of the WOSU Classic Networks. Contributions to the fund may come from businesses, foundations, concerned individuals, Friends of WOSU, and periodic fund-raising events.

In the event the affiliation of WOSU (WOSB-FM) with The Ohio State University would cease, WOSU Stations has the authority to withdraw part or all of the original gift or gift additions of this fund from the University's Permanent Endowment Fund.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, the WOSB-FM Advisory Council shall, in consultation with the management of the WOSU Stations and the Dean of The Ohio

May 7, 1999 meeting, Board of Trustees

State University at Marion, determine an alternate use or disposition of the fund, in order to carry out the desire of the donors.

\$25,000.00

**EMPLOYMENT OF ARCHITECTS/ENGINEERS,
REQUEST FOR CONSTRUCTION BIDS, AND
REPORT OF AWARD OF CONTRACTS**

Resolution No. 99-123

**COOKE CASTLE RENOVATION
ADA ELEVATOR UPGRADES AND EXTERIOR HANDRAILS**

Synopsis: Authorization to employ architect/engineering firms and request construction bids for the Cooke Castle Renovation and accept the report of award of contracts and establishment of contingency funds for the ADA Elevator Upgrades and Exterior Handrails project is requested.

WHEREAS the University desires to proceed with the exterior renovation of the Jay Cooke Castle on Gibraltar Island in order to add life to the structure; and

WHEREAS the total estimated project cost is \$500,000 and the total estimated construction cost is \$400,000, with funding provided by an appropriation in House Bill 850 to the Department of Administrative Services for the State of Ohio; and

WHEREAS a resolution adopted by the Board of Trustees on December 2, 1994 authorized the President and/or Vice President for Business and Administration to request construction bids in accordance with established University procedures, and if satisfactory bids were received to award contracts for the following project:

(* Recommended alternates included in these amounts)

ADA Elevator Upgrades and Exterior Handrails

This project provides a wheel chair accessible elevator to all levels of Converse and Cockins Halls, provides a wheel chair accessible entrance to Cockins Hall, and provides ADA compliant handrails at all building entrances and other exterior ramps and steps at more than 100 locations. The total project cost is \$1,178,210; funding is provided by House Bill 790. The estimated completion date is December 1999. The contracts awarded are as follows:

Design:	McDonald, Cassell & Bassett, Columbus, Ohio
General Contract:	The Righter Company, Columbus, Ohio
Amount:	\$805,960 *
Estimate:	\$834,466 *
Combined Plumbing/ HVAC Contract:	L. T. Mandeville, Columbus, Ohio
Amount:	\$117,850
Estimate:	\$126,166
Electric Contract:	Affordable Choice Electric, Columbus, Ohio
Amount:	\$58,780
Estimate:	\$68,657
Total All Contracts:	\$982,590
Contingency Allowance:	\$88,954
Total Project Cost:	\$1,178,210

NOW THEREFORE

BE IT RESOLVED, That the President and/or Vice President for Business and Finance be authorized to select qualified architectural/engineering firms as necessary for the Cooke Castle project and that the fees for these services be negotiated between the firm selected and the University; and

May 7, 1999 meeting, Board of Trustees

BE IT FURTHER RESOLVED, That the President and/or Vice President for Business and Finance be authorized to request construction bids for the Cooke Castle Renovation project in accordance with established University and State of Ohio procedures, and if satisfactory bids are received, to issue contracts with all actions to be reported to this Board at the appropriate time; and

BE IT FURTHER RESOLVED, That pursuant to the actions previously authorized by the Board, the report of award of contracts and establishment of contingency funds for the ADA Elevator Upgrades and Exterior Handrails project is hereby accepted.

(See Appendix XXXXIII for maps, page 947.)

EASEMENT

Resolution No. 99-124

COLUMBIA GAS OF OHIO, INC. NEAR THE INTERSECTION OF KENNY AND ACKERMAN ROADS

Synopsis: Authorization to grant renewal of an easement across University property is proposed.

WHEREAS Columbia Gas of Ohio has requested a 25-year renewal of an easement for a four-inch gas line and regulating station from a location on Kenny Road near Ackerman Road to the Service Building Annex located at 2578 Kenny Road; and

WHEREAS the gas service benefits the University; and

WHEREAS the appropriate University offices have recommended the approval of the easement:

NOW THEREFORE

BE IT RESOLVED, That the Vice President for Business and Finance be authorized to request the Deputy Director of Public Works of the Department of Administrative Services, pursuant to his statutory duties, to act for and on behalf of the University in developing the necessary legal instrument to provide for the easement.

(See Appendix XXXXIV for map, page 949.)

ADOPTION OF THE LANDSCAPE DISTRICT PLAN

Resolution No. 99-125

Synopsis: Adoption of the proposed Landscape District Plan as a part of the University Master Plan is proposed.

WHEREAS the Board of Trustees adopted Volume I ("University Context") and Volume II ("Long Range Plan") of the University Master Plan on October 6, 1995; and

WHEREAS as provided in the Long Range Concept Plan, the University is to prepare district plans for all the areas of the University to provide more detailed planning and design guidelines for each area and to ensure that the Master Plan's principles are advanced in a way that is commensurate with the particular circumstances of each district; and

WHEREAS the University now has prepared a Landscape District Plan for the Columbus Campus, to encompass all outdoor spaces and the integration of buildings and outdoor spaces as part of the "fabric" of the campus, with detailed design guidelines for the academic core north district and more general policy and design recommendations for the other areas of the Columbus Campus; and

WHEREAS the Landscape District Plan addresses specific planning and design issues regarding open space, including land use, preservation of green space, conservation and enhancement of natural and human-made resources, integration and unification of the campus development fabric, improvement of the campus environment, enhancement of campus edges and linkages with the greater community, and siting, design and development guidelines for future open space improvements; and

WHEREAS the appropriate University offices have reviewed the proposed Landscape District Plan and recommend its adoption:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees hereby adopts the Landscape District Plan as part of the University Master Plan and directs the appropriate University offices under the leadership of the Office of Business and Administration to proceed, consistent with the established University decision-making procedures, with additional planning activities provided for in the Plan and that the University shall report annually to this Board, through Fiscal Affairs Committee, decisions made with respect to matters for which authority is delegated in accordance with the Master Plan.

(See Appendix XXXXV for background information and map, page 951.)

Upon motion of Mr. Colley, seconded by Mr. Skestos, the Board of Trustees adopted the foregoing resolutions by unanimous roll call vote, cast by Messrs. Celeste, Colley, Skestos, Brennan, Patterson, Sofia, and Slane, and Judge Duncan, and Ms. Longaberger.

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President Kirwan:

I would like now to ask for a separate vote on item #12, OSU Student Health Insurance Plan Year 1999-2000.

**OSU STUDENT HEALTH INSURANCE
PLAN YEAR 1999-2000**

Resolution No. 99-126

WHEREAS this Board on June 5, 1998, authorized the Student Health Insurance Committee to request plan bids for the commercially insured portion of the 1999-2000 OSU Student Health Insurance Plan in accordance with established University procedures; and

WHEREAS the Student Health Insurance Committee obtained the assistance and expertise of OSU Purchasing, University & Professional Resources, Inc., a local medical insurance consulting firm, and Stephen L. Beckley & Associates, a nationally recognized student health insurance consulting firm; and

WHEREAS after consideration of the expressed needs and concerns of the students who purchase the insurance, the Student Health Insurance Committee of the Council on Student Affairs has recommended -- and the Council has ratified that recommendation -- keeping Central Benefits Insurance Company as the underwriter of the commercially insured PPO portion of the plan for one year at the specific rates to provide existing benefits plus benefit/service changes to include:

- (1) Reducing the pre-existing condition period from the current 6 months/12 months time frame to 6 months/6 months;
- (2) Removing the Health Risk Appraisal benefit from the insurance plan and offering it as a standard service through the Student Wellness Program, netting some premium savings;

- (3) Purchasing OSU-MHCS Directory services that include hard copy and Internet access to a Directory that supports the plan design and insures up to date information on network providers;
- (4) Modest revisions to dental coverage to include only medically necessary extraction of third molars, IV sedation when applicable, and extension of the 72 hour limitation on accidental injury to the mouth per review on a case by case basis; and

WHEREAS this plan is fully funded by student premiums and will be available on an optional basis to all registered students for the following proposed quarterly premium rates:

<u>Enrollment Category</u>	<u>Current Qtr Rates</u>	<u>Proposed Qtr Rates</u>
Student Only	\$187	\$198 (5.88% _)
+ Spouse	\$479	\$503 (5.01% _)
+ Children	\$484	\$507 (4.75% _)
+ Family	\$650	\$681 (4.77% _)

Adjusted rates have also been derived from the quarterly rate for students on a semester system and for periods of continuing coverage while not registered as a student:

NOW THEREFORE

BE IT RESOLVED, That Central Benefits Insurance Company be awarded the Student Health Insurance Contract effective Autumn Term 1999, for a period of one (1) academic year. The contract will provide the benefits now available under the terms of the 1998-99 contract together with the aforementioned benefit/service changes.

Upon motion of Mr. Colley, seconded by Ms. Longaberger, the Board of Trustees adopted the foregoing resolution with eight affirmative votes cast by Messrs. Celeste, Colley, Brennan, Patterson, Sofia, and Slane, and Judge Duncan, and Ms. Longaberger, and an abstention by Mr. Skestos.

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Mr. Celeste:

I would now like to recommend the following resolution to the Board, the Appointment and Reappointment of Investment Managers.

APPOINTMENT AND REAPPOINTMENT OF INVESTMENT MANAGERS

Resolution No. 99-127

Synopsis: Approval of the Appointment and Reappointment of Investment Managers is proposed.

WHEREAS it is the policy of The Ohio State University to utilize the services of external Investment Managers to assist in the management of the University's Endowment Fund; and

WHEREAS the Investments Committee of the Board of Trustees periodically reviews the results obtained by the external Investment Managers and the amount of funds assigned to each of them; and

WHEREAS it is prudent investment policy to adjust the mix and amounts of money assigned to external Investment Managers as economic conditions and performance change; and

WHEREAS the number of external Investment Managers and the amount of funds assigned to them shall be determined by the Board of Trustees:

NOW THEREFORE

BE IT RESOLVED, That upon the recommendations of the Investments Committee of the Board of Trustees the following named external Investment Managers and the Office of the Treasurer shall be approve to manage Endowment funds as follows:

<u>Equity Managers</u>	<u>Market Value as of 3/31/99</u>	<u>Changes</u>	<u>Revised Market Value</u>
ABN AMRO	\$ 65,501,890		\$ 65,501,890
Barclays Extended	128,540,336		128,540,336
Barclays International			
Alpha Tilts	28,839,318		28,839,318
Barclays S&P 500	268,633,353		268,633,353
Commonfund Capital Partners	-0-	\$ 10,000,000	10,000,000
Commonfund New Leaders	-0-	10,000,000	10,000,000
R. Meeder	55,148,055		55,148,055
Nicholas Applegate			
Mid Cap	128,257,799		128,257,799
Nicholas Applegate Sys			
Small Cap	25,315,700		25,315,700
University Students	18,183,272		18,183,272
<u>Fixed Income Managers</u>			
Bank One	\$ 15,368,972		\$ 15,368,972
Commonfund	25,587,168		25,587,168
Cypress Asset			
Management	24,822,778		24,822,778
Holt-Smith & Yates	2,936,345	\$ (2,936,345)	-0-
Hughes Capital Management	-0-	15,000,000	15,000,000
Huntington Trust	15,173,829		15,173,829
MDL Capital Management	49,912,664		49,912,664
University Managed	8,108,570	(8,108,570)	-0-

Upon motion of Mr. Colley, seconded by Mr. Brennan, the Board of Trustees adopted the foregoing resolution with six affirmative votes cast by Messrs. Celeste, Colley, Brennan, and Slane, and Judge Duncan, and Ms. Longaberger, and three abstentions cast by Messrs. Skestos, Patterson, and Sofia.

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PRESENTATION ON COMPENSATION BENCHMARKS

Mr. Celeste:

At this point, I would like to call on Ed Ray for a presentation on compensation benchmarks.

Provost Edward J. Ray:

Thank you, Mr. Chairman. Under Tab #16 in your Board book, you have a resolution to approve the increase in the compensation pool for salary increases for faculty, staff, and student employees by 4 percent for the coming fiscal year.

We've consulted broadly with various faculty and staff committees. We've shared with you at our last Board meeting the reports from FCBC and USAC. We indicated last month that our benchmark evidence suggested that compensation for faculty and staff and so forth -- across the benchmark institutions that we compare ourselves to -- are expected to average somewhere on the 4 percent level. So we're asking the Board's approval to go ahead with that recommendation at this point.

I point out that since 1994 the compensation pool increases have always been intended for merit increases. There are no cost of living across-the-board entitlement elements to the compensation package that we recommend. These decisions on individual cases will be made at the local level in departments, colleges, and vice presidential areas.

May 7, 1999 meeting, Board of Trustees

I know that Bill Shkurti and Larry Lewellen are both here, and all three of us would be happy to respond to any questions or concerns that any of the Board members have.

Mr. Celeste:

Any of the Board members have questions? If not, I would recognize a motion on the FY 1999 Compensation Guidelines.

FY 1999 COMPENSATION GUIDELINES

Resolution No. 99-128

WHEREAS the current budget expires on June 30, 1999; and

WHEREAS faculty, staff and student employee salary increases at comparable institutions are expected to average 4.0 percent over the next twelve months; and

WHEREAS appropriate consultations have taken place through the University:

NOW THEREFORE

BE IT RESOLVED, That the Board of Trustees approves budgeted increases to the salary pool of approximately 4.0 percent for faculty, staff and student employees to take effect July 1, 1999, as described in the attached materials; and

BE IT FURTHER RESOLVED, That the Secretary be instructed to incorporate all supporting documents into the minutes of this meeting, and to file these materials with the official records of the University.

Upon motion of Mr. Colley, seconded by Mr. Skestos, the Board of Trustees adopted the foregoing resolution by unanimous roll call vote, cast by Messrs. Celeste, Colley, Skestos, Brennan, Patterson, Sofia, and Slane, and Judge Duncan, and Ms. Longaberger.

(See Appendix XXXXVI for FY 2000 Compensation Recommendations, page 953.)

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STUDENT GOVERNMENT REPORTS

Mr. Eric Ley:

On behalf of the professional students across campus, thank you for a great year, Chairman Celeste.

We'll start with the IPC report. During the previous year, the Interprofessional Council acted as the representative body for professional students. This past August at our summer conference, we outlined a number of goals to improve our organization. We decided our focus was to act as the voice for professional students to the governing bodies of this University. We began to achieve this goal by strengthening our foundation. With the aid of Don Stenta, we moved into a new, larger office and then hired our first office assistant to help with day-to-day activities. To keep professional students informed, we hit the Internet, forming our web page and writing monthly e-mail bulletins.

IPC then focused on University-wide committees and actively pursued professional students who were interested in improving their surroundings. We then formed the I-CUE Committee. This committee's purpose first was to write a survey that pursued professional students' input. With the help of Provost Ray, Vice President Williams, and Vice President Tzagournis, this survey is now in the hands of all professional students. The IPC will present the results of the I-CUE survey next fall and, with the input of the administrations at the five professional colleges, the I-CUE report will be written. The goal of this project is to better the professional

colleges at The Ohio State University by listening to the suggestions of the professional students.

During the previous year, IPC also sent a number of students to national conferences. Peter Rosal served as a NAGS representative at a Washington, D.C., conference to lobby for decreasing the cost of federal loans for all students.

Trista Onesti also went to Washington, D.C., to improve women's health issues. April Guille served as a NAGS representative at a Boston conference. The IPC also co-sponsored a Women's Week, a number of fun runs for various charities, and helped with Latin-American hurricane relief, as well as providing for Third World dental care.

We are also proud of donating over \$3,000 to other professional school organizations. These funds were raised in part at our Halloween concert at the Newport Theater, which over 1,400 students attended. The Interprofessional Council thanks all of the individuals involved with the organization.

We congratulate Dr. Nick Fought, who was chosen Professor of the Year, and Chip Welch, a third-year law student, chosen Professional Student of the Year.

The Undergraduate Student Government has been busy over the past month. In collaboration with Ohio Staters, Inc., the undergraduate student radio station, and the Ohio Union Activities Board, our own Shane Hawkins has been planning a student concert festival to be held this spring. Mara Leventhal is currently planning an open forum on the role of alcohol in the University setting. The forum is being coordinated by Mara, other students, the Alcohol Coalition, and multiple staff from the Student Wellness Center.

On April 30, student football ticket applications were due. Preliminary reports are showing a lower number of requests than last year from returning students, so we are confident that every student will have the opportunity to purchase season tickets this year. We would like to thank Dr. Ray, Mr. Geiger, and Dr. Davis, who especially helped out with the marketing of this year's tickets.

Finally, USG would like to thank Mr. Celeste for his hard work and service to the University and his unwavering support of all students. Your dedication is much appreciated and greatly respected across the student body.

Finally, the Council of Graduate Students is planning several exciting events and activities this month that will finish up the academic year. The most important is that nominations and elections for 1999-2000 CGS officers will happen at the next two CGS meetings.

The CGS Diversity Committee has put together an exciting event addressing diversity in student organizations. The program, entitled "Valuing Differences and Leveraging Similarities - The Roles of Students and Student Organizations Enhancing University Diversity," will be presented by international diversity consultant John C. Peoples, on Wednesday, May 12. CGS would like to thank Robin Lynch and Sabiha Daudi, CGS Diversity Committee co-chairs, for their efforts organizing this event. The event is co-sponsored by the Black Graduate and Professional Student Council and the Black MBA Association.

The annual CGS Service Awards are given to faculty, staff, students, and community members who have provided outstanding services to graduate students. Winners will be honored at the Graduate School awards reception in early June.

CGS received 77 total applications for the new professional development fund programs. The committee has awarded travel grants to 12 graduate students, totalling \$3,171, who will receive their notification within the next few weeks.

Congratulations to the PDF committee members for their excellent work. We are already working on revising the application for the Summer Quarter competition.

May 7, 1999 meeting, Board of Trustees

The annual CGS Spring Picnic will be held following the May 21 CGS meeting and elections for the 1999-2000 officers will be held. Campus events chair Juergen Steininger is planning an event with food, fun, entertainment, and more on the agricultural campus. The event is open to anyone in the University community and will celebrate graduate students at The Ohio State University.

Any questions?

Mr. Celeste:

Thank you very much. Are there any questions of Eric for those reports? Thank you.

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REPORT ON AFFILIATED ENTITIES COMMITTEE

Mr. Colley:

Mr. Chairman, at the start of this administration year, you appointed an Affiliated Entities Committee, which was in response to the McKenzie Report developed the year before. The committee included myself, Mr. Skestos, Mr. Patterson, and Judge Duncan, and was staffed by Virginia Trethewey, John Biancamano, Bill Napier, and Maureen Sharkey.

The committee met monthly during the past year, and began a process of in-depth interviews of all of the affiliated entities, starting with the most highly visible. We were impressed with what they're doing, how they're doing it, the fact that they're sound financially, and they are operating consistent with the University mission.

One special note about the Alumni Association. We met with Chief Justice Moyer, chair, and Dan Heinlen, President of the Alumni Association, and I am pleased to report to you that we continue to have an excellent working relationship with the largest, single campus-based university alumni association in the entire world!

Some of the affiliated entities we met with were the Science and Technology Campus Corporation, the MedOhio Health, Inc., ProLog Research International, Transportation Research Center, the Supercomputer Center, and Midwest University Consortium for International Affairs.

The committee during the next year will continue the process started under your administration, and the objective will be to be certain that the University is providing the oversight that is required. Mr. Chairman, that completes my report.

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FAREWELL TO THEODORE S. CELESTE

President William E. Kirwan:

With your permission, I'd just like to say something. Mr. Chairman, this is the last Board meeting at which you will be physically seated beside me, but in a very real and meaningful sense, you've been beside me all year, helping me with the transition to my new responsibilities. I have been blessed with your friendship and the University has benefitted so greatly from your leadership.

Last night, many of us had the privilege of gathering to pay tribute to you for your extraordinary contributions to the University during the nine years you've served on this Board. You have guided this University to new heights of excellence, and we are in your debt. As one more tribute to you on this occasion of your last Board meeting, and on behalf of all the members of the Ohio State family who have such great appreciation and affection for you, I

May 7, 1999 meeting, Board of Trustees

want to present you with one more remembrance of your service to the University and the high esteem in which you are held.

[Mr. Colley presented a commemorative gavel to Mr. Celeste.]

Mr. Celeste:

My goodness, thank you. It's wonderful. When I was told I would be given the opportunity to serve, I knew this was a special place, I just didn't know how special. The dedication and loyalty and commitment to excellence of those who work here is remarkable. The genuine thirst for knowledge and friendships of those who study here is wonderful. The spirit and enthusiasm of those who have graduated is amazing.

We set some very ambitious goals, but I feel comfortable in handing over the leadership to Michael knowing that the leadership team is in place to help get us there. The vast resource of tremendously talented faculty to carry it out is in place. We have a fabulous, committed Board of Trustees to help make the tough decisions that will be needed to get there, and there is an incredible support of extended family and community of Ohio State University believers. I'm just very proud to have had this opportunity to serve. Thank you all.

I do have one other responsibility and that is to hand over the gavel to Michael Colley. Michael, you take on this new official responsibility. It is a tremendous one and you will have the time of your life in this next year. I know you're going to do a fantastic job because you've been a strong right arm. I have appreciated you here as Vice Chair, so it's all yours now.

Mr. Colley:

The very first thing I want to say in this new role is, Ted, that they have been nine outstanding years that you've served this University on behalf of the Board. Last night was a lot of fun, and we talked about your energy and enthusiasm. Today, I want to talk about your spirit and commitment to the University. We are indebted, as the President said, and we look forward to your continuing service to Ohio State, and to your advice and counsel. Thank you.

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Thereupon the Board adjourned to meet Friday, June 2, 1999, at the Fawcett Center for Tomorrow, Columbus, Ohio.

Attest:

William J. Napier
Secretary

Theodore S. Celeste
Chairman

DESCRIPTION OF ALLIED HEALTH PRACTITIONERS

- I. CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA).
(Source: Section 4723.41, Section 4723.43 and Section 4731.35 of the Ohio Revised Code; Chapter 4723 of the Ohio Administrative Code)
 - A. Qualifications.
 1. Current Ohio RN license.
 2. After September 10, 1997, current Ohio certificate of authority to practice as a CRNA.
 3. Recertification every two (2) years by the American Association of Nurse Anesthetists. Documentation of 40 hours of CME credit is required for this re-certification.
 - B. Procedures permitted in the hospital.
 1. Providing all patient care authorized to be performed by licensed registered nurse anesthetist.
 2. Administering an anesthetic.
 3. Performing anesthesia induction, maintenance and emergency.
 4. With supervision, i.e. within the surgical suite, performing pre-anesthetic preparation and evaluation, post-anesthesia care and clinical support functions.
 - C. Procedures prohibited in the hospital.
 1. Any procedures not permitted by the Board of Nursing.
 2. The administration of anesthetic without the immediate presence, i.e. within the surgical suite, and direction of a licensed physician or podiatrist.
 - D. Supervision by physician.

All anesthetics must be administered with the supervision and in the immediate presence, i.e. within the surgical suite, of a licensed physician or podiatrist.
 - E. Medical Staff Clinical Department Appointment.

CRNA's shall be appointed to the Department of Anesthesia.
- II. CERTIFIED PHYSICIAN ASSISTANTS.
(Source: Chapter 4730 of the Ohio Revised Code; Chapter 4731-4 of the Ohio Administrative Code)
 - A. Qualifications.
 1. Current Ohio certificate of registration or temporary certificate of registration as a Physician Assistant.

2. Certification or eligibility by the National Commission for Certification of Physician Assistants.

B. Procedures permitted in the hospital.

1. Performing any procedures set forth in the standard or supplemental Physician Assistant utilization plan submitted by the physician responsible for supervising the Physician Assistant, as approved by the State Medical Board.
2. Providing patient education to the employing physician's patients to include, but not be limited to, such things as pre-operative instructions, instructions concerning the particular medical problem that the patient has, discharge instructions, and routine care instructions of any incisions or other physical ailments that the patient may have. The foregoing must be under the guidance of the employing physician.
3. Making individual rounds and placing progress notes in the medical record, which must be co-signed by the employing physician at the next hospital visit.
4. Writing orders in the medical record which have been directly given by the employing physician and which must be countersigned by the employing physician at the next hospital visit.
5. Setting up patients for monitoring.
6. Performing History and Physical. Such History and Physical must be reviewed and countersigned by the employing physician at the next hospital visit. Information collected is to be presented to the employing physician prior to treatment based upon such information.
7. Dictating discharge summaries which will then be reviewed and countersigned by the employing physician within the time frame specified in the Rules and Regulations of the Professional Staff.
8. Participating in cardiopulmonary support after documenting training.
9. Functioning as a first or second assist in the operating room on minor/major procedures under the supervision of the employing physician.
10. Performing the following clinical procedures, after appropriate instruction and demonstration of proficiency under the direction and instruction of the employing physician:
 - a. Venipuncture;
 - b. Intradermal testing (delayed hypersensitivity only);
 - c. Electrocardiogram (not including interpretation);
 - d. Application and/or changing dressings and bandages;
 - e. Catheterization of urinary bladder;

- f. Application of casts or splints under the direction of the employing physician. Such application shall be made only after examination by the employing physician, and any necessary reduction by the employing physician;
 - g. Administration of medication and intravenous fluids upon the order of the employing physician;
 - h. Removal of superficial foreign bodies after consultation with the employing physician and under his/her direction;
 - i. Cardiopulmonary resuscitation;
 - j. Audiometry screening, to be presented to the employing physician;
 - k. Routine visual screening, to be presented to the employing physician;
 - l. Place peripheral IV catheters; and
 - m. Screening patients to aid the employing physician in determining need for further medical attention.
- 11. Performing developmental screening examination on children as relating to nervous, motor, and mental functions.
 - 12. Initiating requests for commonly performed initial laboratory studies.
 - 13. Collecting specimens for commonly performed blood counts, urinalysis, stool analysis, and cultures.
 - 14. Physician Assistants may perform specialized duties so long as they work only under the supervision of a physician who has been granted privileges to perform these procedures and can supervise their performance. These procedures may be performed only after appropriate instruction and after demonstration of proficiency under the direction of the employing physician. Procedures in this category may include:
 - a. Insertion of percutaneous central venous pressure lines and percutaneous arterial lines with supervision (immediate phone contact in hospital), after documentation of fifty directly supervised procedures each;
 - b. Insertion of Swan-Ganz catheters with direct supervision of employing physician (in immediate voice contact, not telephone);
 - c. Removal of chest tubes; and
 - d. Removal of intra-aortic balloon pump.
- C. Procedures prohibited in hospital.
- 1. Performing procedures for a practitioner who is not a member in good standing of the Medical Staff.

2. Performing endoscopic examination or procedures, or insertion of intrauterine devices; or performing spinal punctures, bone marrow aspirations, or liver biopsies; unless written approval to do so is received from the State Medical Board.
3. Diagnosing a disease or ailment, or the absence thereof, independent of the employing physician.
4. Prescribing any treatment or regimen not previously ordered by the employing physician for an individual patient.
5. Prescribing medication, signing or stamping prescriptions on behalf of the employing physician; possessing pre-signed prescription blanks; or dispensing or ordering medication.
6. Signing a physician's name for the purpose of authenticating prescriptions, orders, or records, or in any other situation in which the physician's signature would indicate approval.
7. Independently initiating or changing any orders on a patient's chart.
8. Maintaining an independent office.
9. Delegating a function assigned to the physician assistant by the employing physician.
10. Admitting or releasing patients independent of the employing physician.
11. Practicing as a Physician Assistant without the supervision and direction of a physician.
12. Performing any functions beyond those specifically set forth in the approved standard or supplemental physician assistant utilization plan.

D. Supervision by Physician

1. The Physician Assistant is to function at all times under the supervision and direction of a physician or physicians. Availability for consultation and direction of actions is sufficient. Personal presence of the employing physician is not required.
2. Only the physician or physicians who employ the physician assistant can supervise the assistant.
3. If the Physician Assistant ceases to be employed by a practitioner, the Physician Assistant may not perform any procedures in the hospital until such time as the Physician Assistant is employed by a practitioner who is a member in good standing of the Medical Staff.

E. Medical Staff Clinical Department Appointment.

A Physician Assistant shall be appointed to the Medical Staff Clinical Department to which his or her supervising physician is appointed.

III. SPEECH PATHOLOGISTS AND AUDIOLOGISTS.

(Source: Chapter 4753 of the Ohio Revised Code and Chapter 4753 of the Ohio Administrative Code)

A. Qualifications

Current Ohio speech language pathology or audiology license.

B. Procedures permitted in hospital.

1. The practice of audiology includes assessment of those with hearing balance or related disorders; planning, directing, supervision and conducting habilitative or rehabilitative programs for those with disorders of hearing or balance; planning and directing hearing conservation programs; hearing instrument selection, fitting and after care; administering and interpreting tests of hearing, balance and tinnitus, including neurophysiologic studies relating to hearing, balance and intraoperative monitoring.
2. The practice of speech language pathology includes planning, directing, supervising and conducting diagnostic or habilitative or rehabilitative interventional programs for individuals with disorders of communication including disorders and related disorders of speech, articulation, fluency, voice, oral and written language, oral pharyngeal or laryngeal sensorimotor competencies, mastication or deglutition, auditory or visual processing, memory or cognition and assisted augmentative communication treatment and devices.

C. Procedures prohibited in hospital.

The practice of medicine or surgery, or a task in the normal practice of medicine or surgery, even if delegated by a licensed physician.

D. Supervision by physician.

1. Supervision by a physician is not required; provided, however, that:
 - a. For inpatients, the members of the Medical Staff admitting such patients maintain the ultimate authority for supervision and management of the patients' care in the hospital; or
 - b. For outpatients, the members of the Medical Staff attending such patients maintain the ultimate authority for supervision and management of the patients' care in the hospital.
2. Speech pathologists and audiologists may care for inpatients in the hospital only under the order of a member of the Medical Staff.

E. Medical Staff Clinical Department Appointment.

Speech pathologists and audiologists shall be appointed to any clinical department wherein their services are being utilized.

IV. CERTIFIED NURSE PRACTITIONER.

(Source: Chapter 4723 of the Ohio Revised Code and Chapter 4723 of the Ohio Administrative Code)

- A. Qualifications.
 - 1. Current Ohio RN license.
 - 2. After September 10, 1997, current Ohio certificate of authority to practice as a certified nurse practitioner.
- B. Procedures permitted in hospital.

Providing preventive and primary care services and evaluating and promoting patient wellness within the nurse's nursing specialty practicing in accordance with the standard care arrangement entered into with collaborating members of the Medical Staff.
- C. Procedures prohibited in hospital.

Providing any functions beyond those specifically set forth in the certified nurse practitioner's standard care arrangement or not in accordance with the rules of the Board of Nursing.
- D. Supervision by physician.

The certified nurse practitioner is to function in collaboration with physician or podiatrist members of the Medical Staff.
- E. Medical Staff Clinical Department Appointment.

A certified nurse practitioner shall be appointed clinical Department to which his or her collaborating practitioner is appointed.
- V. CLINICAL NURSE SPECIALIST.

(Source: Chapter 4723 of Ohio Revised Code and Chapter 4723 of the Ohio Administrative Code)

 - A. Qualifications.
 - 1. Current Ohio RN license.
 - 2. After September 10, 1997, current Ohio certificate of authority to practice as a certified nurse specialist.
 - B. Procedures permitted in hospital.
 - 1. Providing and managing the care of individuals and groups with complex health problems in collaboration with members of the Medical Staff as set forth in the standard care arrangement between the clinical nurse specialist and the collaborating member(s) of the Medical Staff.
 - 2. Providing health care services that promote, improve and manage health care within the clinical nurse specialist's nursing specialty.
 - 3. Providing patient assessment.
 - 4. Providing patient education to employer's patients regarding common medical problems under the guidance of employing physician.

5. Assisting in clinical studies.
6. Documenting in progress notes to be co-signed by the physician on his or her next hospital visit.
7. Providing routine instructions to patients at discharge according to employing physician's orders.
8. Making individual rounds, but all patients must be seen daily by the employing physician.
9. Setting up patients for monitoring, exclusive of invasive procedures.

C. Procedures prohibited in hospital.

Providing any functions beyond those specifically set forth in the clinical nurse specialist's standard care arrangement or not in accordance with rules of the Board of Nursing.

D. Supervision by physician.

The clinical nurse specialist is to function in collaboration with physician or podiatrist members of the Medical Staff.

E. Medical Staff Clinical Department Appointment.

Clinical nurse specialist shall be appointed to the Medical Staff Department to which his or her collaborating practitioner is appointed.

VI. REGISTERED NURSE FIRST ASSISTANTS IN SURGERY.

(Source: Chapter 4723 of the Ohio Revised Code and Chapter 4723-16 of the Ohio Administrative Code)

A. Qualifications.

1. Minimum of 24 months of preoperative nursing experience.
2. Certification as a certified nurse operating room.
3. Current Ohio RN license.
4. Successful completion of a course in preparing the Registered Nurse as a first assistant in surgery approved by an Ohio Board of Nursing approver, according to Rule 4723-16-01 of the Ohio administrative Code.
5. Certification as a registered nurse first assistant (recommendation of the Nursing Board not a requirement).
6. Current cardiopulmonary certification.

B. Procedures permitted in hospital.

1. Functioning as a member of the surgical team by first assisting in operating room on minor/major procedures with direct supervision by employing physician.

2. Performing tasks to assist the surgeon in performing a safe operation, including but not limited to:
 - a. Handling of tissue;
 - b. Providing exposure;
 - c. Using instruments;
 - d. Suturing;
 - e. Providing hemostasis; and
 - f. Closing tissue and skin.

C. Procedures prohibited in hospital.

1. Performing surgery, acting as a surgeon, holding one's self out as a surgeon, practicing medicine or holding one's self out as a physician;
2. Transplanting organs; and
3. Performing a surgical task or procedure which is the primary purpose for the surgery.

D. Supervision by physician.

A registered nurse first assistant shall function as a registered nurse first assistant only when under the direct supervision of the surgeon who is present in the operating room during surgery.

E. Medical Staff Clinical Department Appointment.

A registered nurse first assistant shall be appointed to the Clinical Department of Surgery.

VII. PERFUSIONISTS.

A. Qualifications.

Board certification or eligibility by the American Board of Cardiovascular Perfusion.

B. Procedures permitted in hospital.

1. Maintaining extracorporeal circulation/cardiopulmonary support (including bypass, cardiopulmonary support and extracorporeal membrane oxygenation);
2. Operating counterpulsation devices (including intra-aortic balloon pumps);
3. Operating ventricular assistance devices (including left ventricular assistance devices and right ventricular assistance devices);
4. Performing blood conservation techniques (autotransfusion utilizing the cell saver);

5. Administering cardioplegia solution;
6. Performing anticoagulation and hematological monitoring and analysis;
7. Performing physiologic monitoring;
8. Performing blood gas and chemistry monitoring; (with lab supervision or special certification);
9. Inducing hypothermia or hyperthermia, with reversal, including circulatory arrest;
10. Performing hemodilution;
11. Performing hemofiltration (ultrafiltration); and
12. Administering medications, blood components and anesthetic agents via extracorporeal circuit.

C. Procedures prohibited in hospital.

Performing any functions other than those delineated in Article VIII, Section B above.

D. Supervision by physician.

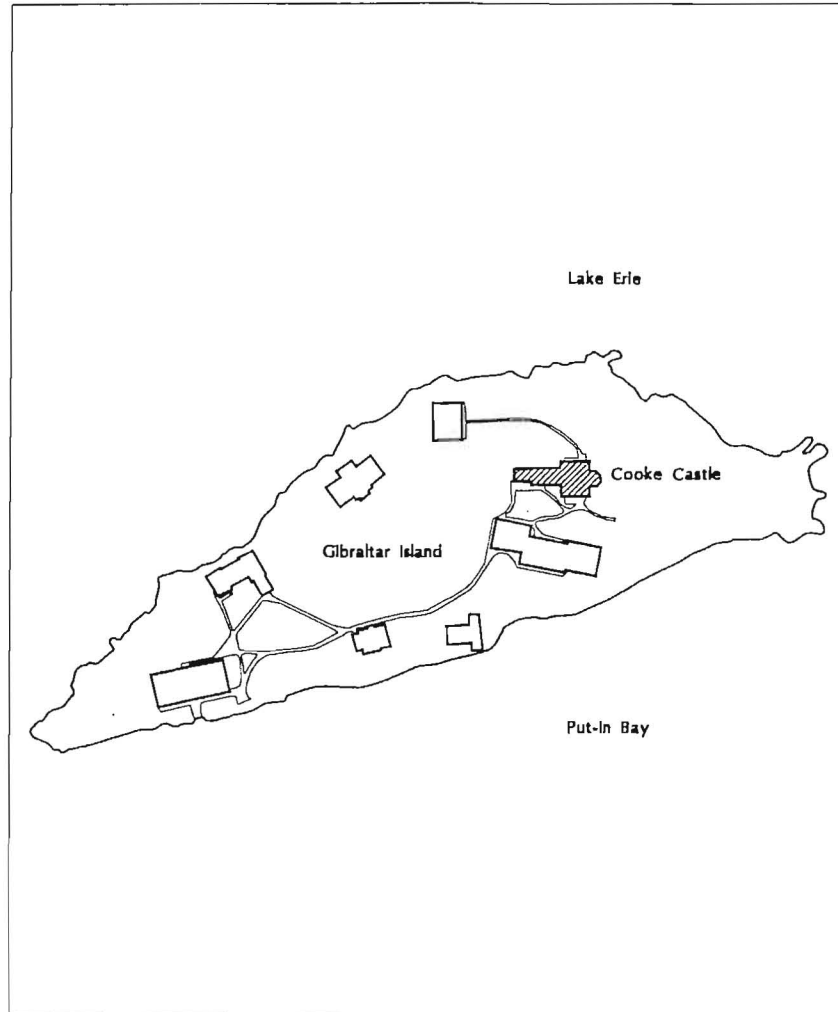
The perfusionist shall be under the direct supervision of a member of the Medical Staff with privileges to perform the underlying procedure.

E. Medical Staff Clinical Department Appointment.

A perfusionist shall be appointed to Clinical Department of Surgery.

(APPENDIX XXXXIII)

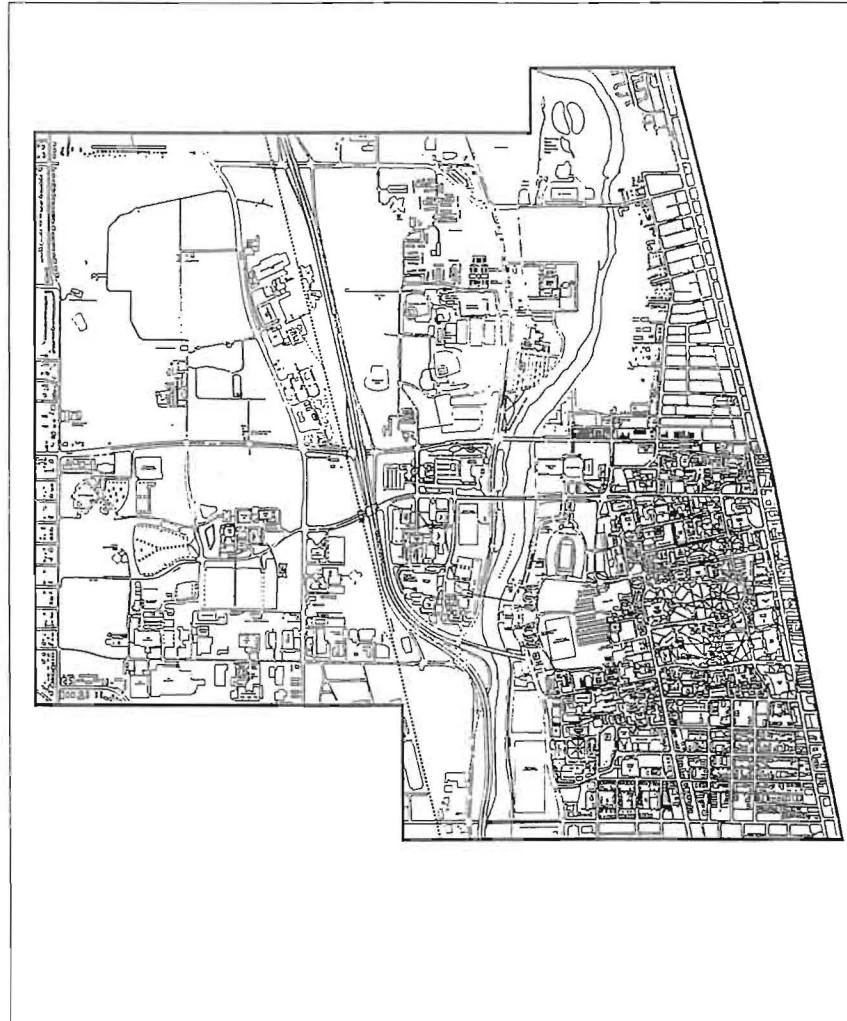
Cooke Castle Renovation



Office of Business and Finance
Office of the University Architect and Physical Planning
April 15, 1999



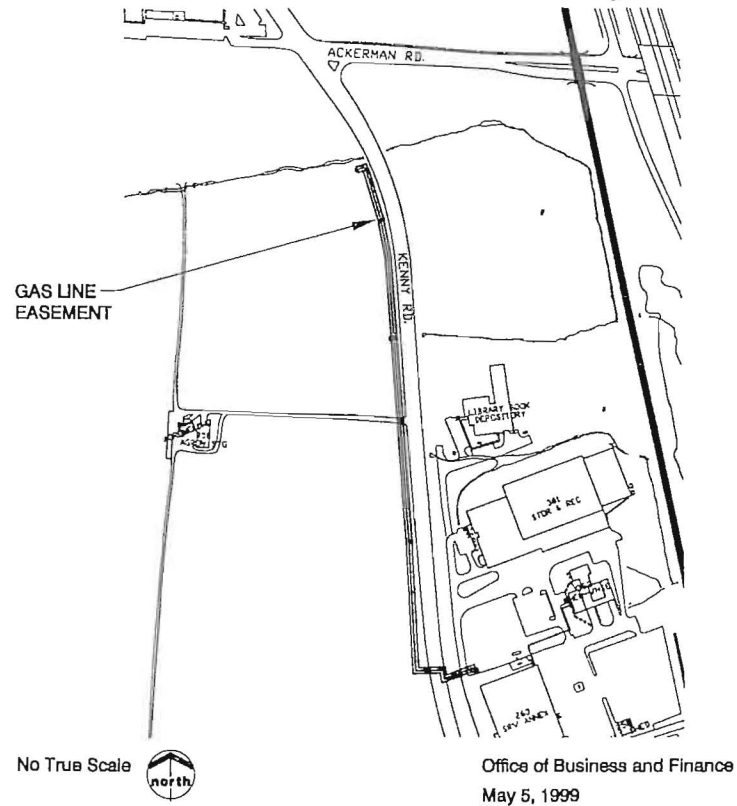
ADA Elevator Upgrades and Exterior Handrails



*Office of Business and Finance
Office of the University Architect and Physical Planning
April 16, 1999*



Gas Line Easement Renewal
along Kenny Rd. to Service Building Annex
The Ohio State University



Map Provided by University Engineer's Office

Summary of the Landscape Master Plan

Prepared by the Office of the University Architect and Physical Planning

Area:

The Landscape Master Plan focuses on an area, which roughly coincides with the Academic Core North District Plan boundaries (see attached map). The plan also addresses a number of important campus edges including Ackerman Road, Lane Avenue, Tenth Avenue, King Avenue, North Star Road, Kenny Road, State Route 315, and Neil Avenue.

Elements of the Plan:

Framework of the Plan

- Identifies uses established by the Long Range Concept Plan, and recommends improvements to the connections between the various uses and among the areas of the green reserve.
- Identifies all exterior spaces, categorizes them by use and character, and provides recommendations for the treatment of each type of space.
- Graphically portrays the recommendations of the plan, illustrating only one of many possible designs for each exterior space on campus.
- Strengthens the open space system through a series of proposed refinements to the Long Range Concept Plan and the previous District Plans.

Recommendations and Guidelines

- Provides campus wide recommendations, addressing common situations and issues such as:
 - Procedures for the review of site improvements
 - Maintenance and staffing issues
 - Recommendations for further detailed studies (signage, lighting and bicycle routes)
 - Art and memorial opportunities
 - Treatment of parking lots and on-street parking
 - Unifying the campus through common site materials and furnishings
 - Treatment of priority landscapesallowing the concepts of the plan to be applied to areas not specifically covered in the district.
- Provides design guidelines for the treatment of exterior space in the eighteen sectors identified in the Academic Core North Plan, as well as three additional areas; the North Residence Halls, the South Residence Halls, and Campus Edges.

Vegetation Analysis and Recommendations

- Summarizes the inventory of significant, landmark, historic and dedicated trees on campus.
- Provides recommendations for future tree planting, based on an analysis of the types of trees, which exist or occur naturally in the various ecosystems found on campus.
- Provides recommendations for street trees addressing form, color, texture ultimate size and density.
- Provides recommendations for establishing, protecting, maintaining and replacing healthy lawns and trees.

Landscape Improvement Projects

- Provides a prioritized list of freestanding landscape projects, which represent potential capital projects and excellent donor opportunities.

Standards, Details, and Specifications

- Specifies and details standard site treatments including materials, finishes, construction details, site furniture and plant maintenance recommendations in a Technical Appendix to be included in the University Design Standards.

Note: The technical appendix is intended to be a flexible, working document which can be updated as practices and standards improve. As such, it is not being proposed for approval by the Board of Trustees, but is available for review and comment.

*The Ohio State University
Landscape Master Plan**



**The Landscape Master Plan focuses on the Academic Core North area, but also addresses a number of important campus edges.*

(APPENDIX XXXXVI)

OSU Board of Trustees
May 7, 1999

FY 2000 Compensation Recommendations

- I. Context
- II. Recommendations
- III. Impact

Office of Academic Affairs
Office of Business and Finance
Office of Human Resources

5/4/99

I. Context

- A. OSU salaries are generally competitive with the best public institutions, but our overall competitive status has eroded some over the last two years.
- B. The average faculty salary at OSU is 1.9% below that of our national benchmark institutions, and sixth out of ten in ranking (down from third).
- C. Staff competitiveness varies by occupational category; managers fare better than non-managers; office clerical and technical positions average 4% to 10% below market; those averages mask some key issues - for example, some "hot market" information technology positions are 25% or more below current market.
- D. The salary process has been merit driven since FY 1994. Colleges and vice presidential units have done a good job with the distribution of salary funds, differentiating for performance, market and equity; there are no entitlements.
- E. Fee increases and their effect on salary increases are now being reported annually.
- F. Rising health care costs are placing additional financial pressure on the University and its faculty and staff.
- G. Projections for the coming year, from competitive employers, show average salary increases of 4%.

NOTE: This is a summary of material presented at the April 6, 1999 Board of Trustees meeting.

II. Recommendations for FY 2000

- A. A budgeted salary increase pool of 4.0% of college and support unit personnel budgets for differential merit-based increases for faculty, staff and student employees effective 7/1/99. *Note: This means individual faculty, staff and student employees will receive more or less than the average increase, based on performance and equity.*
- B. No funds will be held back centrally.
- C. Continue to restructure health insurance benefits since that effort continues to produce savings for the University.
- D. The University Hospitals and employees under collective bargaining contracts have separate salary increase packages.

III. Impact of Recommendations

A. Cost of Recommended FY 2000 increases: ¹

General Fund Main Campus	\$ 16.9 million
Total University	35.0 million

B. 26,000 employees affected (all campuses):

Faculty ² and staff ³	15,100
Students/temporary employees	10,000

Source: August 1998 Human Resources Payroll Data

¹ Includes salary and salary related benefits.

² Includes clinical, extension and libraries.

³ Includes hospital employees who are covered by a slightly different raise package; excludes approximately 3,000 staff covered by collective bargaining agreements.